TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

(See Distribution List attached)

Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

18th June, 2019

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th June, 2019 at 2.00 pm.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail willie.waddell@dundeecity.gov.uk

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING (Page No 1)

The minute of previous meeting of the Integration Joint Board held on 23rd April, 2019 is attached for approval.

4 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 28TH MAY, 2019 **(Page No 5)**

(Copy attached).

(b) CHAIR'S ASSURANCE REPORT

(Report No DIJB38-2019 by the Chairperson of the Performance and Audit Committee, copy to follow).

5 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD REGISTERED NURSE

Reference is made to Article III(c) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein it was noted that NHS Tayside had nominated Sarah Dickie to be a member of the Integration Joint Board in the capacity of Registered Nurse.

It is reported that NHS Tayside have now nominated Sarah Dickie to serve on Perth and Kinross Joint Board and that Kathryn Brechin has been nominated as her replacement to the position of Registered Nurse on Dundee Integration Joint Board effective from 1st August, 2019.

The Integration Joint Board is asked to note the appointment.

6 PRESENTATION – THE FAIRNESS COMMISSION'S MENTAL HEALTH RECOMMENDATIONS

(Joint presentation by Community Commissioners from Dundee Fighting for Fairness).

7 SELF EVALUATION FOR THE REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE (Page No 9)

(Report No DIJB27-2019, by the Chief Officer, copy attached).

8 ANNUAL PERFORMANCE REPORT 2018/19

(Report No DIJB24-2019, by the Chief Officer, copy to follow).

9 FINANCIAL MONITORING YEAR END POSITION (Page No 67)

(Report No DIJB34-2019 by the Chief Finance Officer, copy attached).

10 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2018/2019 (Page No 79)

(Report No DIJB35-2019 by the Chief Finance Officer, copy attached).

11 DRAFT ANNUAL ACCOUNTS 2018/19

(Report No DIJB30-2019 by the Chief Finance Officer, copy to follow).

12 DUNDEE INTEGRATION JOINT BOARD FINAL 2019/2020 BUDGET (Page No 101)

(Report No DIJB31-2019, by the Chief Finance Officer, copy attached).

13 DUNDEE PRIMARY CARE IMPROVEMENT PLAN – UPDATE (Page No 110)

(Report No DIJB33-2019 by the Chief Officer, copy attached).

14 CARERS (SCOTLAND)ACT FUNDING INVESTMENT PLAN 2019/2021 (Page No 134)

(Report No DIJB28-2019 by the Chief Officer, copy attached).

15 PROPOSAL TO DEVELOP A DUNDEE AND ANGUS COMMUNITY AND SCHOOLS EQUIPMENT LOAN SERVICE (Page No 144)

(Report No DIJB26-2019 by the Chief Officer, copy attached).

16 SUBSTANCE MISUSE REDESIGN UPDATE (Page No 148)

(Report No DIJB25-2019 by the Chief Officer, copy attached).

17 PROPOSED MODEL OF CARE FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS – BUSINESS CASE (Page No 154)

(Report No DIJB29-2019 by the Chief Officer, copy attached).

18 UPDATE ON DELAYED DISCHARGE, UNSHEDULED CARE AND WINTER PRESSURES IMPROVEMENT PROGRAMMES (Page No 160)

(Report No DIJB36-2019 by the Chief Finance Officer, copy attached).

19 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP (Page No 202)

(Report No DIJB32-2019 by the Chief Officer, copy attached).

20 MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES (Page No 216)

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2019 is attached for information.

21 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 27th August, 2019 at 2.00 pm.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Professor Nic Beech
NON VOTING MEMBERS	
Chief Social Work Officer	Jane Martin
Chief Officer	David W Lynch
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christine Lowden
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Kathleen Sharkey
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Dundee University (PA to Professor Nic Beech)	Lynsey Mcirvine
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 23rd April, 2019.

Present:-

Members	**Role**
Trudy McLEAY *(Chairperson)*	Nominated by Health Board (Non-Executive Member)
Ken LYNN *(Vice-Chairperson)*	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Christine LOWDEN	Third Sector Representative
Linda GRAY	Service User Representative
Martyn SLOAN	Carer Representative

Non-members in attendance at request of Chief Officer:-

Dr David SHAW	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
John COOPER	Dundee City Council
Dr Danny CHANDLER	NHS Tayside

Trudy McLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Nic BEECH	Nominated by Health Board (Non-Executive Member)
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Sarah DICKIE	Registered Nurse

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 29th March, 2019 was submitted and approved.

IV PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 25TH MARCH, 2019

The minute of the previous meeting of the Performance and Audit Committee held on 25th March, 2019 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB23-2019 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

The Integration Joint Board agreed to note the content of the report.

V SCHEME OF DELEGATION - REVISED 2019

Reference was made to Article X of the minute of meeting of this Integration Joint Board held on 25th April 2017, wherein the Scheme of Delegation was approved.

There was submitted Report No DIJB16-2019 by the Chief Finance Officer presenting the revised Scheme of Delegation for officers of the Integration Joint Board for consideration and requesting that they be adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note the content of the report and to adopt the updated Scheme of Delegation for officers which was attached to the report as Appendix 1.

VI HEALTH AND SOCIAL CARE INTEGRATION – PRINCIPLES OF GOVERNANCE

There was submitted Report No DIJB17-2019 by the Chief Finance Officer advising of the work being undertaken to strengthen the governance arrangements around health and social care integration within Tayside through the development of a range of governance principles and to request that Dundee City Council and NHS Tayside worked collaboratively to develop these principles as they would apply to Dundee Integration Joint Board.

The Integration Joint Board agreed:-

(i) to note that work had been undertaken to develop a range of governance principles to strengthen the governance arrangements associated with health and social care integration across Tayside as outlined in the report; and

(ii) to request through the Chief Officer that Dundee City Council and NHS Tayside worked collaboratively to develop a set of governance principles as they would apply to the integration of health and social care through Dundee Integration Joint Board.

VII SCOTTISH CARE LEAVERS COVENANT

There was submitted Report No DIJB18-2019 by the Chief Social Work Officer seeking approval for the Dundee Integration Joint Board to become a signatory to the Scottish Care Leavers Covenant which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

(i) to note the content of the report; and

(ii) to adopt and become a signatory to, the Scottish Care Leavers Covenant and the priorities, actions and intended outcomes proposed within it, particularly in relation to pillars on health and wellbeing, housing and employment where adult health and

social care services of Dundee Health and Social Care Partnership provided support, as set out in Appendix 1 of the report.

VIII RESHAPING NON-ACUTE CARE IN DUNDEE - UPDATE

Reference was made to Article VIII of the minute of meeting of this Integration Joint Board held on 31st October, 2017, wherein the previous report on Reshaping Non-Acute Care in Dundee was submitted.

There was submitted Report No DIJB19-2019 by the Chief Officer providing an update in relation to the work of the Reshaping Non-Acute Care Programme in Dundee and outlining progress towards the plans for non-acute care and residential care in Dundee.

The Integration Joint Board agreed:-

(i) to note the contents of the report and in particular the emerging care models as described in sections 4.1.3 to 4.1.7 of the report;

(ii) to note the proposed timeline for the development of the proposed replacement premises and the associated initial agreement; outline business case and full business case to be submitted to the Scottish Government as outlined in section 4.2.3 of the report; and

(iii) to instruct the Chief Officer to submit the Initial Agreement to the meeting of the Integration Joint Board to be held on the 17th December, 2019 for consideration by the Integration Joint Board prior to its submission to the Scottish Government in December 2019.

IX FINANCIAL MONITORING POSITION AS AT FEBRUARY 2019

Reference was made to Article XIII of the minute of meeting of this Integration Joint Board held on 28th August, 2018, wherein the final budget for delegated services was set out.

There was submitted Report No DIJB20-2019 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2018/19.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services to the 2018/19 financial year end as at 28th February, 2019 as outlined in Appendices 1, 2 and 3 of the report.

X FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS

There was submitted Report No DIJB22-2019 by the Chief Officer providing an update on the progress to implement the new legislation to extend Free Personal Care to adults aged under 65 years of age from 1st April, 2019.

The Integration Joint Board agreed:-

(i) to note the work undertaken to implement the Scottish Government's legislation to extend Free Personal Care to Adults aged under 65 years as outlined in the report; and

(ii) to note that as responsibility for charging was not delegated to Integration Joint Board's, approval to change the current charging policy to comply with the legislation would be sought through Dundee City Council's Policy and Resources Committee.

XI MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES

There was submitted Report No DIJB21-2019 providing information on the attendance return for meetings of the Integration Joint Board held to date over 2019.

The Integration Joint Board agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th June, 2019 at 2.00 pm.

Trudy McLEAY, Chairperson.

ITEM No …4(a)……..

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th May, 2019.

Present:-

Members	Role
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non Executive Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
David W LYNCH	Chief Officer
Raymond MARSHALL	Staff Partnership Representative
Jane MARTIN	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Pamela REDPATH	Senior Manager - Internal Auditor, Dundee City Council

Non-members in attendance at the request of the Chief Finance Officer:-

Derek FARRELL	Neighbourhood Services
Ailsa McALLISTER	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Robin SHIELDS	Neighbourhood Services

Councillor Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Nic BEECH, Nominated by Health Board (Non Executive Member)
James COTTON, Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

No declarations of interest were made.

III PERFORMANCE AND AUDIT COMMITTEE – MEMBERSHIP

(a) REGISTERED MEDICAL PRACTITIONER NOT PROVIDING PRIMARY MEDICAL CARE SERVICES

Reference was made to Article V(a) of the minute of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Dr James Cotton had replaced Dr Cesar Rodriguez as a member of the Integration Joint Board. The Committee noted that the Integration Joint Board agreed to appoint Dr James Cotton to the vacant position on the Committee as a result of the change in membership.

(b) VOTING MEMBER

Reference was made to Article V(b) of the minute of meeting of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Professor Nic Beech had replaced Dr Norman Pratt as a voting member on the Integration Joint Board. The Committee noted that the Integration Joint Board agreed to appoint Professor Nic Beech to the vacant position on the Committee as a result of Dr Norman Pratt no longer being a member of the Integration Joint Board as of 31st March, 2019.

(c) CARERS' REPRESENTATIVE APPOINTMENT

Reference was made to Article V(c) of the minute of meeting of the Integration Joint Board held on 29th March, 2019, wherein it was noted that Martyn Sloan, carers' representative on the Integration Joint Board had requested he be appointed to the membership of the Performance and Audit Committee in the capacity of carers' representative. The Committee noted that the Integration Joint Board agreed to the appointment of Martyn Sloan as a member of the Committee in the capacity as carers' representative.

IV MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 25th March, 2019 was submitted and approved.

V DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ARRANGEMENTS 2019/20

There was submitted Agenda Note PAC24-2019 reporting that Dundee Integration Joint Board's internal audit services for 2018/19 were provided through a partnership approach between FTF Audit and Management Services and Dundee City Council's internal audit service. The Chief Internal Auditor from FTF was appointed to this same role within the IJB. This arrangement was agreed on an annual basis through the IJB and Performance and Audit Committee since the inception of the IJB in 2016/17. In order to support consistency in approach and continue the good partnership working between NHS Tayside's and Dundee City Council's internal audit services, it was recommended that this arrangement was continued for 2019/20.

The Committee approved these arrangements for 2019/20.

VI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC19-2019 by the Chief Finance Officer providing the Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee:

(i) noted the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report; and

(ii) agreed that any changes to the action plan would be formally set before the Performance and Audit Committee.

VII TRANSFORMATION AND SERVICE REDESIGN INTERNAL AUDIT REPORT – ACTION PLAN

On a reference to Article IX of the minute of this Committee of 12th February, 2019, there was submitted Report No PAC20-2019 by the Chief Finance Officer considering an action plan to progress the recommendations set out within the recent Internal Audit Review of the Integration Joint Board's (IJB) Transformation and Service Redesign Programme.

The Committee:-

(i) approved the Action Plan at Appendix 1 of the report in response to the Internal Audit Assessment of the Integration Joint Board Transformation and Service Redesign Programme, presented to the Performance and Audit Committee on 12th February, 2019; and

(ii) instructed the Chief Finance Officer to provide an update on the Action Plan to the meeting of the Committee to be held in September 2019.

VIII PERFORMANCE AGAINST HOUSING CONTRIBUTION STATEMENT 2016-2021

There was submitted Report No PAC21-2019 by the Head of Service, Finance and Strategic Planning providing an update to Committee in relation to the performance that had been achieved to date against the commitments set out in the Housing Contribution Statement 2016-2021.

The Committee:-

(i) noted the progress that had been made in achieving the priorities and targets set out in the Housing Contribution Statement 2016-2021 (sections 4.4 to 4.9 and Appendix 1 of the report); and

(ii) noted that the Housing Contribution Statement was currently being reviewed and was scheduled to be submitted to the Integration Joint Board for approval at its meeting to be held on 25th June, 2019.

IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC22-2019 by the Chief Finance Officer providing the Committee with a progress update in relation to the current Internal Audit Plan.

The Committee noted the continuing delivery of the 2018/19 plan as outlined in the report.

X MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2019 ATTENDANCES

There was submitted Agenda Note PAC23-2019 providing a copy of the attendance return for meetings of the Performance and Audit Committee held over 2019.

The Committee noted the position as outlined.

XI DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square on Tuesday, 30th July, 2019 at 2.00 pm.

Ken LYNN, Chairperson.

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **SELF EVALUATION FOR THE REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB27-2019**

1.0 PURPOSE OF REPORT

This report presents the self-evaluation of the current position in Dundee in relation to the Ministerial Strategic Group for Health and Community Care's (MSG) report on review of progress with integration.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Approves the final self-evaluation document (attached as appendix 1) and instructs the Chief Officer to submit to the Ministerial Strategic Group.

2.2 Notes that a draft self-evaluation was previously submitted to the Ministerial Strategic Group to comply with the deadline for return of 15 May 2019 (section 4.3).

2.3 Instructs the Chief Finance Officer, as chair of the Integrated Strategic Planning group, to take forward the improvement actions identified through the self-evaluation process in partnership with Dundee City Council and NHS Tayside and report progress to the IJB no later than 17 December 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Following the publication of the Audit Scotland '*Health and Social Care Integration: Update on Progress*' report in November 2018 (Article VI of the minute of the meeting held on 26 February 2019 refers), the Ministerial Strategic Group for Health and Community Care (MSG) published its own review report ('*Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care – Final Report'*) in February 2019 (https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/). At this time the MSG also reconvened its Leadership Group to take on a new role of driving forward and supporting implementation of the proposals set out in the MSG review. Included within the MSG review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards take this important opportunity to evaluate their current position in relation to the review report's findings and the findings contained within the earlier Audit Scotland report. The MSG subsequently issued a template for use by Health and Social Care Partnerships and Partners to self-assess against progress.

4.2 The Integrated Strategic Planning Group has led on the completion of the self-assessment locally; seeking additional input from relevant individuals and organisations. The process led by the ISPG has actively sought input from NHS Tayside and Dundee City Council, both through their membership of the Integrated Strategic Planning group and though direct engagement with the Director of Strategic Change (NHS Tayside) and the Chief Executive and Executive Director of Corporate Services of Dundee City Council with the Council confirming it's agreement as an officer response.

4.3 The self-assessment contained within appendix 1 has been submitted as an unapproved draft to Scottish Government in order to comply with the deadline for return of 15 May 2019 set by the MSG. A final version will be submitted once this has been approved by the IJB. All three Tayside IJB self-assessments will be presented to NHS Tayside Board as a composite report for noting at its meeting of the 27th June 2019.

4.4 The self-assessment identities a number of priority areas for improvement that will require to be progressed collaboratively by the IJB, Dundee City Council and NHS Tayside. The MSG Leadership Group has emphasised the importance of partnership and joint ownership of the actions taken to further progress health and social care integration at a local level. It is proposed that the Integrated Strategic Planning Group should, in the first instance, take a lead role on behalf of the IJB in working with the Council and NHS Tayside to identify specific arrangements and resources to support the progression of identified areas for improvement.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Head of Service (Finance and Strategic Planning), Head of Service (Health and Community Care), members of the Integrated Strategic Planning Group, Director of Strategic Change for NHS Tayside, Chief Executive of Dundee City Council and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.**	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care – Final Report
https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

David W Lynch
Chief Officer

DATE: 29 May 2019

Allison Fannin
Planning and Development Manager

Kathryn Sharp
Senior Manager, Strategy and Performance

Appendix 1

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

June 2019

COSLA

Scottish Government
Riaghaltas na h-Alba
gov.scot

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG)
REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

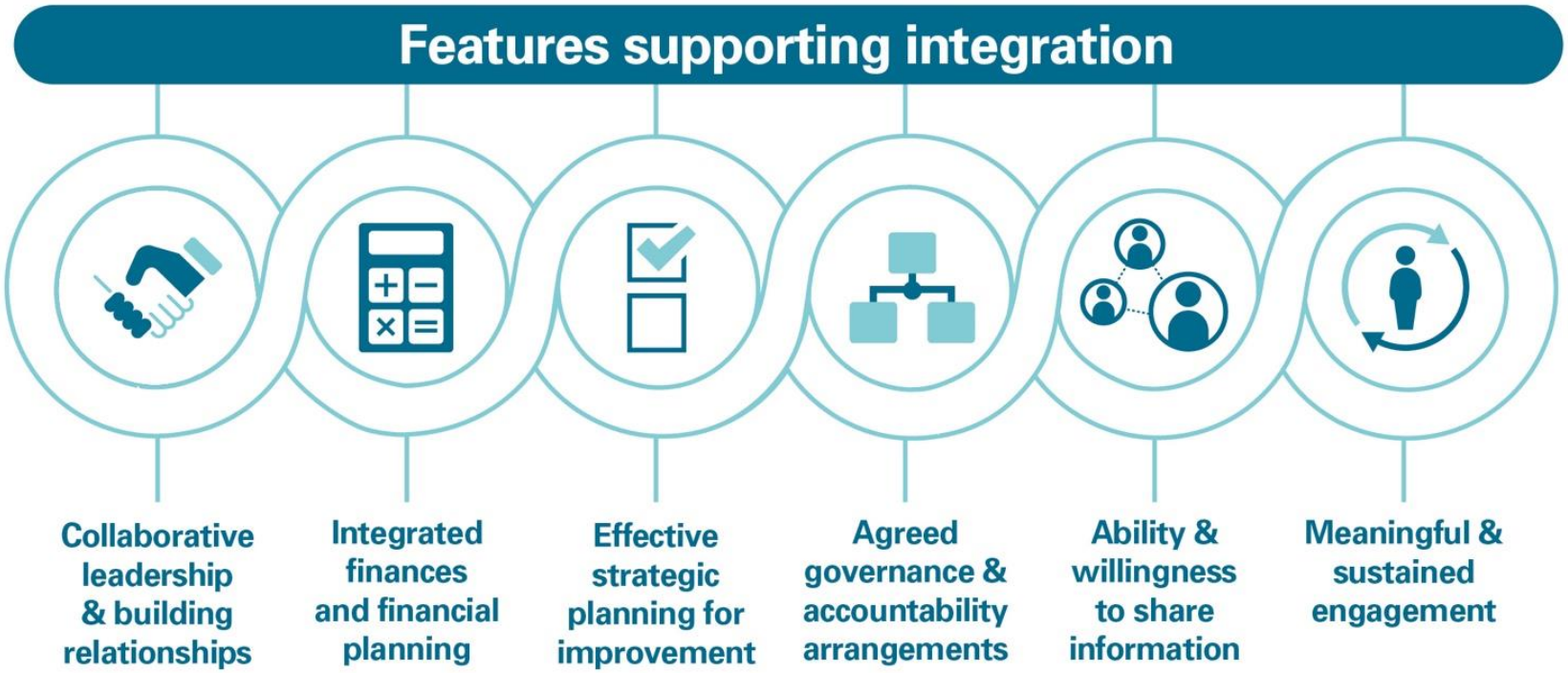
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

Thank you.
Integration Review Leadership Group
MARCH 2019



Name of Partnership	Dundee Health and Social Care Partnership
Contact name and email address	Kathryn Sharp Kathryn.sharp@dundeecity.gov.uk
Date of completion	June 2019

Key Feature 1 **Collaborative leadership and building relationships**				
Proposal 1.1 **All leadership development will be focused on shared and collaborative practice.**				
Rating Descriptor	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating	**Established**			
Evidence / Notes	Shared and collaborative leadership is in place in a number of key areas, however this has not yet been achieved consistently across all delegated functions. Collaborative leadership and practice is developing across all delegated functions and at a strategic level, however this is more advanced and consistent in some areas of service than in others. Some areas where collaborative leadership and practice have developed well include: • Unscheduled care, with the benefits of this being clearly reflected in significant improvements in performance in relation to discharge management and unscheduled bed days. Collaborative leadership and planning structures are being utilised in this area to better understand performance challenges in relation to readmissions and to develop integrated actions to improve performance.			

	• Strategic planning for issues such as Carers, Mental Health and Substance Misuse, where collaborative leadership through Strategic Planning Groups is ensuring that all key stakeholders are collaborating to design integrated models of practice that respond to the needs of Dundee citizens. This has also been supplemented by initiatives such as the Mental Health Alliance. • Reshaping non-acute care for older people • Public protection, where the IJB, Council and Health Board are collaborating with other community planning partners and the Care Inspectorate through the Chief Officers Group and Public Protection Committees / Partnerships to deliver a Transforming Public Protection Programme, which includes further enhancing collaborative leadership and practice. However, it is recognised that there are areas in which collaborative leadership and practice could be further strengthened, including in relation to Primary Care. This self-assessment exercise identified that the majority of stakeholders observe that the IJB itself provides strong leadership in support of integration. A joint structure (Working Together Group) has been established to progress leadership of integration between the statutory partners, however this does not always meet consistently. In relation to Learning and Organisational Development there is a range of evidence of resources and approaches that support collaborative leadership and practice, both at a local and national level. Specific support has been provided by Learning and Organisational Development Services within the Council and NHS to the IJB to develop collaborative leadership and practice both at an organisation wide and service / team specific level – this has included use of resources such as Aston Team Journey, planning and delivery of bespoke team / service development activities and access to leadership programmes. The level of support available from the statutory partners and scale of the IJB's delegated workforce is such that available Learning and Organisational Development resource must be carefully targeted to priority areas. Local activity has also been supplemented by access to national leadership programmes and resources available through bodies such as Healthcare Improvement Scotland.
Proposed improvement actions	Priority areas for improvement have been identified as: • Further work to map gaps in collaborative leadership and practice to inform focused improvement activity.

	• Enhancing visible leadership for integration across NHS Tayside and Dundee City Council, with continued support from the IJB. • Further enhancing the availability of integrated/collaborative leadership resources to the workforce, including the delegated workforce as well as key services within the Council and NHS that have a close interface with the IJB (for example, the range of support services). • Ensuring that the refreshed Learning and Organisational Development Strategy for the IJB reflects the need for collaborative leadership and practice resources across all partners, supported by appropriate investment from each partner to deliver this in practice.

Proposal 1.2 **Relationships and collaborative working between partners must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating	**Partly established**			
Evidence / Notes	Trust and understanding between statutory partners is developing across a range of functions, however this is not yet consistent. This is also the case in relation to trust and understanding with other partners where there are strong relationships with the Third Sector, however further improvement is required in relation to collaborative working with Independent Providers. This self-assessment identified that within the delegated workforce there is a strong sense of team and desire to support one another to develop new ways of working. Trust has developed that supports respect for differing points of view and an ability to pursue consensus in order to deliver better outcomes for service users and carers. Some examples of integrated approaches that have been progressed within the Partnership include partnership wide use of the i-matters approach, the establishment of integrated posts and integrated teams, and shared learning and organisational development activity and resources. Good support is also provided by professional advisors from the statutory partners. The model of integration implemented in Dundee has embraced the concept of an integrated workforce, however this concept does not always seem to be consistently understood and promoted by all statutory partners. Pressures that are identified through internal audit activity are shared and addressed through a formal Internal Audit Output Sharing Protocol. In addition, all internal audit reports are submitted to the Council's Scrutiny Committee for information.			

	There are also some specific areas where good relationships and trust has supported collaborative working between the delegated workforce and statutory partners. Examples of this include work to respond to issues such as homelessness, mental health and wellbeing, substance misuse, obesity, public protection and corporate parenting. In addition, a range of forums are in place to support joint planning between the statutory partners for functions such as risk management and internal audit. In addition there are a range of forums for dialogue between senior leaders from the statutory partners, including between Chief Officers, Chief Finance Officers and supporting officers. Elected Members and Health Board members who are members of the IJB provide an important link to the statutory partners and support collaboration at a Council / Board level. In terms of the relationships between statutory and independent partners, we are still developing trust and understanding of each other's working practices and business pressures, although we have started working more collaboratively together on certain issues. This includes the establishment of provider collaboratives for issues such as Learning Disability. This self-assessment activity identified significant cultural differences between NHS Tayside and Dundee City Council that are impacting on the ability of statutory partners to work well together. It is recognised that significant resource pressures and transformation agendas in both the NHS and Council can mean that their internal programmes to achieve efficiencies and transformation do not always take adequate cognisance of the needs of the IJB and integrated working. It is recognised that further work is required to align organisational priorities and ambitions in order to support collaborative working and mutual support for transformation programmes; the statutory partners have expressed an appetite to further enhance collaborative approaches to transformation in the future. Difficulties can also be experienced when national policy direction emphasises joint / collaborative working at different levels: for the IJB there is a clear focus on localities and neighbourhoods, the Council is increasingly focusing on regional approaches alongside a continued commitment to localism and the NHS has a focus on a ‘once for Tayside’ approach and increasing national centralisation of some policy areas through ‘once for Scotland’ approaches. This dynamic can significantly reduce the scope for joint solutions to be found at a local level, particularly in support services functions such as HR and IT.

	This self-assessment and a recent internal Workforce Audit (March 2018) have raised concerns regarding the level and adequacy of support being provided to the Partnership. More specifically, concerns were highlighted regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date. Stakeholders involved in this self-assessment recognise that challenges in providing integrated support services in part relate to the significant resource pressures experienced across all partner bodies as each strives to protect resources for frontline services.
Proposed improvement actions	Priority areas for improvement have been identified as: • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • Enhanced alignment of organisational transformation programmes to ensure they are mutually supportive. • Develop a shared understanding of the needs of the integrated workforce and the resources and approaches that are required from all statutory partners to support this. • Through the ongoing review of the Partnership's core meeting structure ensure that there are sufficient opportunities for statutory partners to be involved in integration planning and delivery, with statutory partners committing to fully engaging with these opportunities.

Proposal 1.3 **Relationships and partnership working with the third and independent sectors must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating	**Established**			
Evidence / Notes	We recognise that whilst the Third Sector are fully involved in strategic planning and commissioning, contribute to and are valued by the IJB and are well represented in IJB activities and groups (meeting the exemplary criteria), that this is not the case for the independent sector. Key strengths in relation to relationships and partnership working with the third sector include: • Representation from the Third Sector at all core Partnership groups, including the IJB, Integrated Strategic Planning Group and Strategic Planning Groups, including joint chairing of some groups; • Significant investment of resource in Dundee Third Sector Interface to support a range of different health and social care initiatives including projects focused on mental health and wellbeing, community engagement and capacity building and learning and organisational development; • Delegated budgets and responsibilities to the Third Sector through the Integrated Care Fund;			

	• Commissioning of a wide range of services from the third sector as part of our overall mixed economy of health and social care service provision; and, • Involvement of a range of Third Sector providers in different models of integrated service redesign, including in areas such as homelessness, mental health, substance misuse and violence against women, The Partnership has come a long way in term of engaging with and recognising the independent sector out-with the direct commissioning of service, but we recognise the role of the independent sector is currently only partly established. Having a dedicated independent sector lead has helped with relationships and partnership working, but the role has limited capacity and therefore, whilst it can continue to support improved relationships and partnership working there will likely be significant restrictions on the pace of such improvements. We recognise that there are pockets of good practice in terms of independent sector relationships and partnership working but that we need to continue to build on this success. At an individual provider level the retention of a dedicated Social Care Contracts Team has been an important strength in establishing and maintaining positive relationships with contracted services. This dedicated function not only supports strong relationships with independent providers but also contributes to a strategic commissioning approach across specific sectors / care groups. This means that whilst individual providers may not always be involved in every strategic planning group that the information provided through their relationship with the Contracts Team does contribute to the overall approach to strategic commissioning. We have received very positive feedback from a range of Third Sector and independent sector providers about the value of the dedicated Social Care Contracts function.
Proposed improvement actions	Priority areas for improvement have been identified as: • Working with the Third Sector to better manage the demand on their time / capacity whilst maintaining and further improving opportunities for partnership working with the widest possible range of Third Sector organisations. • Working with the Independent Sector to map out current strengths and gaps in partnership working, and to agree priorities for improvement. • Developing a shared understanding with independent sector providers regarding an appropriate and realistic model of partnership working that takes account of resource issues and builds on learning from our experience of working with the Third Sector.

Key Feature 2 **Integrated finances and financial planning**				
Proposal 2.1 **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating	**Established**			
Evidence / Notes	Consolidated advice on the financial position on shared interests under integration is provided to the relevant Chief Officers. There is a range of opportunities in place for the Chief Finance Officers from each of the statutory partners to meet and discuss advice on a regular basis. There are also mechanisms in place to ensure that the Chief Finance Officer has regular opportunities to meet with the IJB Chief Officer and Council Chief Executive and to meet with the Heads of Finance (and supporting officers) from the Council and NHS. Each Chief Finance Officer is alert to the impact of financial decisions on other statutory partners and this is reflected in arrangements for in-year financial monitoring. Arrangements relating to the implementation of the risk sharing provisions within the Integration Scheme are also progressing. It is recognised that there is further work to be undertaken to improve longer term financial planning on a whole systems basis.			

	There are established relationships between the NHS Board Director of Finance and the three Chief Finance Officers and Local Authority S95 Officers. This includes: • Chief Officer membership of the Board's Executive Leadership Team where whole system financial issues are considered and budget decisions made; Chief Officer attendance at Tayside NHS Board meetings, and IJB representation on the Board's Asset Management Group (including Chief Finance Officers); • Sharing of monthly finance reports and annual financial plans, and scheduled monthly meetings with the Board Director of Finance, Deputy Director of Finance and Chief Finance Officers; • Joint meetings with the Chief Officer(s) and respective LA Chief Executive and NHS Tayside Chief Executive (includes finance);
Proposed improvement actions	Priority areas for improvement have been identified as: • Continuing to improve aligned and integrated budgeting and financial reporting at all levels within the Partnership. • Continuing to improve the contents of Directions in relation to financial implications. • Agreeing next steps to improve longer-term financial planning on a whole systems basis.

Proposal 2.2 **Delegated budgets for IJBs must be agreed timeously**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating	**Partly established**			
Evidence / Notes	Over the last 2 years the Health Board has not confirmed the delegated budget by the end of March, although indicative budgets have been agreed and an IJB budget set on this basis. Budget cycles are not synchronised across the statutory partners. A three year financial framework is referenced within the Partnership's Strategic and Commissioning Plan. Scenario planning has taken place and been shared across the statutory partners. There is robust process in place between the statutory partners to support budget discussions and setting, with representatives from the Partnership fully involved in the Council and Health Board budget setting process. There are also comprehensive processes for formal and informal in-year financial monitoring, including regular financial monitoring reports to the IJB and Performance and Audit Committee.			

Proposed improvement actions	Priority areas for improvement have been identified as: • Establishing a fully aligned budget setting process and procedures, including confirming Health Board budgets by the end of March each year. • Agreeing next steps to improve longer-term financial planning on a whole systems basis.

Proposal 2.3 **Delegated hospital budgets and set aside budget requirements must be fully implemented**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating	**Partly established**			
Evidence / Notes	We are currently working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculation of the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out for Audit Scotland, however as yet there is not structure to enable commissioning against the budget and set aside. Structures such as the Unscheduled Care Board are helping us to start to understand the impact of changes in service provision and performance on the hospital budget and set aside. There is also some evidence of joint agreements regarding service redesign, for example in relation to stroke pathways. In previous years we have set out commissioning intentions against the set aside budget, but have not been able to realise resource release. It is our ambition to start to move forward with a commissioning approach over the 2019/20 financial year.			

Proposed improvement actions	Priority areas for improvement have been identified as: • Implementing a commissioning approach against the hospital and set aside budgets. • Further develop the planned and unscheduled care approaches under a collaborative management arrangement

Proposal 2.4 **Each IJB must develop a transparent and prudent reserves policy**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating	**Established**			
Evidence / Notes	A reserves policy is in place within the IJB that includes committed and non-committed reserves. This clearly sets out the parameters around the reserves policy for IJB funds. Updates on value of reserves are included in budget setting papers for the IJB to consider, including the application of reserves to support funding shortfalls and investment in supporting tests of change/provision of transition funding. Actual reserves balances are reflected in annual accounts which note those which are committed and uncommitted. This policy has been used to support transformational changes in areas such as Reshaping Non-Acute Care. Timescales for the use of reserves are set and agreed in most, but not all instances. Where reserves have been used to support transformation these have not always been used within the timescale originally agreed, however where this has happened the timescale has been formally reviewed and agreed through financial reporting arrangements.			

Proposed improvement actions	Priority areas for improvement have been identified as: • Ensuring that timescales for the use of reserves are set and agreed in all instances.

Proposal 2.5 **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating	**Partly established**			
Evidence / Notes	The Chief Finance Officer provides high quality advice to the IJB and undertakes both strategic and operational functions on their behalf. Robust arrangements are in place for in-year forecasting and financial reporting to the IJB and Performance and Audit Committee. However, there are concerns about the level and adequacy of support being provided to the Partnership and this has been recognised within the internal Workforce Audit (March 2018). This audit report highlighted specific concerns regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date.			

	The current challenges in relation to the level and adequacy of support provided to the Chief Finance Officer have had particular impacts on their ability to provide appropriate support to operational managers in relation to transformation and financial forward planning, as well as the support available to Strategic Planning Groups to implement a strategic commissioning approach. The impact on the ability of the Chief Finance Officer to provide adequate support to the IJB's transformation programme was recently identified within an internal audit report on Transformation and Service Redesign (January 2019).
Proposed Improvement actions	Priority areas for improvement have been identified as: • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • NHS Tayside to streamline and further strengthen finance resources to support the CFO through a restructure of the NHST Finance Team.

Proposal 2.6 **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating	**Established**			
Evidence / Notes	The IJB undertakes integrated budget planning, spending and monitoring. This can sometimes be challenging in an environment where technical systems and processes are still designed around separate Council and Health processes, however we are continuing to work with statutory partners to resolve this. Locality managers oversee the combined budget and make decisions/put forward service redesign options on the basis of the totality of the resources. Examples such as the re-shaping of non-acute care programme considers disinvestment and reinvestment across hospital based settings, care homes and health and community based services. While budget papers to the IJB show the separate strands of the statutory bodies budget “offers”, the financial pressures and financial savings required to meet projected budget deficits are not split into NHS/Council budgets but are reported as a combined value for combined solutions. The partners still provide the information to the Chief Finance Officer and to their own organisations on the basis of their separate budgets.			

	It can also be challenging to maintain the principle of a single integrated budget where resources pressures in particular parts of the system, traditional understood to 'belong' to one statutory partner, are impacting significantly on the other statutory partner. For example, where significant pressures in the prescribing budget have the potential to impact on the Council through the risk sharing agreement mechanism. Again, all partners are working together to manage budgetary pressures across the whole system in an integrated and flexible way. The risk sharing provisions within the Integration Scheme are also now being implemented as required. The use of the budget is reflected in directions from the IJB to the Council and Health Board, however we recognise that there is further work to do to develop our practice in this regard and include more detailed financial information in directions. The recently revised Strategic and Commissioning Plan takes a whole systems approach to service planning and delivery, focused on the achievement of four key, cross-cutting priorities. This is supported by an integrated financial framework. The IJB's Transformation Programme is also critical to their ability to use the totality of resources to better meet the needs of the population. A recent Internal Audit report regarding Transformation and Service Redesign (January 2019) recognised that whilst there has been a conscious effort made by the IJB to bring together and co-ordinate disparate strands of the transformational change programme a number of improvements are required to enhance the adequacy and effectiveness of the system currently in place. This self-assessment exercise has highlighted that there are a range of other, non-financial resources, such as IT and property and elements of the support services workforce, such as administrative and clerical staff employed by Dundee City Council, which have not been delegated to the IJB but form a critical part of the overall resources required to deliver against the strategic plan. For these non-financial resources much less progress has been made in deploying these in an integrated way in order to be meet the needs of the population. There are known difficulties in relation to achieving integrated arrangements for access and management of IT systems.
Proposed improvement actions	Priority areas for improvement have been identified as: • Improving the level of financial detail include in directions from the IJB to statutory partners. • Further develop the three year financial framework supporting the Strategic and Commissioning Plan, including developing specific financial frameworks for commissioning statements developed at Strategic Planning Group level. • Implement the previously agreed actions from the Transformation and Service Redesign Audit.

Key Feature 3 **Effective strategic planning for improvement**				
Proposal 3.1 **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating	**Partly established**			
Evidence / Notes	Whilst the Chief Officer is recognised as pivotal in providing leadership and is valued by statutory partners, there is further work to be done to ensure that the Council and Health Board provide necessary staff and resources to support the Chief Officer and their senior team. The Chief Officer is key to the pace of integration in Dundee IJB. He has a close working partnership with all of the partners and is recognised as an important member of the leadership teams within the Council and Health Board, as well as in the wider Dundee Community Planning Partnership. As a recognised member of the leadership teams in both organisations the Chief Officer has the			

	opportunity to participate in a range of governance groups across the Council and Health Board. The Chief Officer is recognised as the fully accountable leader of the Partnership and leads and directs Partnership resources accordingly. The Dundee IJB has also benefited from continuity, with the same Chief Officer having been in post since 2016. This self-assessment and a recent internal Workforce Audit (March 2018) have raised concerns regarding the level and adequacy of support being provided to the Partnership. More specifically, concerns were highlighted regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date. The current delegated support resource is not adequate to support the scale of the operational delivery structure. Stakeholders involved in this self-assessment recognise that challenges in providing integrated support services in part relate to the significant resource pressures experienced across all partner bodies as each strives to protect resources for frontline services. It has also been highlighted that the limited support services capacity is often further depleted by the need to negotiate different systems / approaches that exist within the Health Board and Council; this is most apparent in areas such as HR, IT and administrative support. There is still a significant amount of resource supporting reporting and governance requirements in the Council and Health Board (triple tracking), for example where performance reports are required to be adapted prior to submission for information to Council and Health Board governance groups following approval at the IJB or where the IJB is expected to maintain membership of groups such as Equality and Diversity Steering Groups within each of the statutory partners as well as progressing their own statutory duties. Overall, stakeholders recognise the need for greater senior leadership across all statutory partners to create a clear expectation of and conditions from integrated systems and approaches wherever possible. This must include the expectation that the needs of the IJB are considered by the Council and Health Board when they are re-designing internal systems and processes that might impact upon the delegated workforce and services.

Proposed improvement actions	Priority areas for improvement have been identified as: • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • Complete ongoing work to map out 'triple tracking' and inefficiencies associated with multiple systems and processes, and identify areas for streamlining and removing duplication where appropriate. • Enhancing visible leadership for integration across NHS Tayside and Dundee City Council, with continued support from the IJB, including an expectation that the needs of the IJB and integrated workforce will be considered at an early stage in single agency re-designs of systems and processes. • Consolidate the respective roles and accountabilities of Chief Executives, Chief Operating Officers (or equivalent for NHS and Council) and Chief Officers.

Proposal 3.2 Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 **Improved strategic planning and commissioning arrangements must be put in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating	**Partly established**			
Evidence / Notes	There is a range of strategic plans in place across the Partnership, with the majority including a financial framework. We recognise that further work is needed to improve the consistency of this and ensure more detailed financial frameworks support all strategic and commissioning plans. We also recognise that further work is required to align strategic plans within NHS Tayside, such as Transforming Tayside and the Operating Delivery Plan, with the Health and Social Care Strategic and Commissioning Plan. More progress has been made in aligning the Council Plan and City Plan with strategic plans for health and social care.			

	There are significant challenges in properly analysing the effectiveness of strategic planning and commissioning arrangements. There is an overall lack of capacity within support services to properly evaluate the impact of strategic plans on performance and to link this to financial performance. Work is currently ongoing to revise the function of the Partnership's Strategy and Performance Team to ensure robust support for core functions, including the Integrated Strategic Planning structure, transformation programme and statutory planning requirements such as Primary Care Improvement. There are specific risks in relation to the overall capacity and resilience of capacity in relation to information collection, collation and analysis and wider self-evaluation activities; this is recorded as a risk on the IJB's risk register. The resources available are focused on statutory functions, such as production of the Annual Performance Report and completion of annual returns. Whilst there is a clear understanding of gaps in current performance analysis and reporting and some progress has been made to address priority areas, current resources do not allow significant progress to be made at pace. The Council delegated some support for strategic planning and commissioning to the IJB as part of the delegated workforce. There has been minimal direct support for these functions from the Health Board. There has been recognition of the lack of strategic planning capacity and leadership from the NHS Board perspective; this is being addressed Groups such as the Tayside Analytical Network and Tayside Public Health Information Network have been established to try to support integrated approaches to performance reporting and data management but further progress is required. Both the Council and Health Board indirectly support strategic planning and commissioning activity through the participation of their staff in a range of strategic planning groups. Support has also been provided by the Council in terms of access to and support to use their corporate performance monitoring system, Pentana and by NHS Tayside by access to Qlikview (though this currently contains limited performance information in relation to IJBs) We recognise that work is require to strengthen the functioning of the Integrated Strategic Planning Group, plans are being developed to support this work following the revision of the Partnership's Strategic and Commissioning Plan. The Health Board support strategic planning and commissioning activity through the participation of lead staff in a range of strategic planning groups There have been difficulties achieving consistent attendance and participation at the Integrated Strategic Planning Group, particularly from relevant Health Board representatives. However, the Partnership's most recent Strategic and Commissioning Plan was considered at Board Level prior to approval by the IJB. Further work is required to align strategic plans for NHS Tayside, such as Transforming Tayside and the Operating Delivery Plan, with the Health and Social Care Strategic and Commissioning Plans

Proposed improvement actions	Priority areas for improvement have been identified as: • Complete the review of the Partnership's strategic planning structure and function of the central Strategy and Performance Team to ensure adequate support to core / statutory planning and performance functions. • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • Complete planned work to strengthen the functioning of the Integrated Strategic Planning Group, including securing appropriate and consistent participation from the Council and Heath Board. • Agreeing next steps to ensure alignment of strategic plans across the statutory partners, with a particular focus on alignment of Health Board plans. Development of a Tayside Strategic Planning Framework

Proposal 3.5 **Improved capacity for strategic commissioning of delegated hospital services must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating	**Partly established**			
Evidence / Notes	We are currently working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculation of the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out for Audit Scotland, however as yet there is not structure to enable commissioning against the budget and set aside. Structures such as the Unscheduled Care Board are helping us to start to understand the impact of changes in service provision and performance on the hospital budget and set aside. There are some examples of strategic commissioning taking place across the whole system, including acute services, for example the redesign of the stroke pathway and developments in medicine for the			

	elderly pathways. In previous years we have set out commissioning intentions against the set aside budget, but have not been able to realise resource release. It is our ambition to start to move forwards with a commissioning approach over the 2019/20 financial year.
Proposed improvement actions	Priority areas for improvement have been identified as: • Implementing a commissioning approach against the hospital and set aside budgets

Key Feature 4 **Governance and accountability arrangements**				
Proposal 4.1 **The understanding of accountabilities and responsibilities between statutory partners must improve.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating	**Partly established**			
Evidence / Notes	Partners are working together to better understand governance arrangements, accountabilities and responsibilities. The IJB has recently submitted a paper to the Council to request that further joint work is undertaken to clarify governance arrangements. This reflects that fact that there are different understandings of accountability and responsibilities within and across the statutory partners. It is recognised that clarity regarding these issues has been particularly difficult to achieve in some areas, such as Primary Care. There is a commitment from all statutory partners to achieve clarity. We recognise that there is a need to achieve a shared understanding of governance, accountability and responsibilities at all levels within the IJB, Council and Health Board. This will require visible leadership from Chief Officers and senior teams to communicate understandings and expectations to the delegated workforce and those staff who work with them.			

	There is a significant amount of 'triple tracking' between statutory partners; where decisions are made through IJB governance structures but are then submitted to Council and Health Board governance structures for information. This does not always support the autonomy of the IJB to plan and commission within delegated functions. We recognise that on some occasions decisions must be made on specific issues (i.e. those not delegated to the IJB under the Integration Scheme such as charging and employment matters) by the Council and / or Health Board and that they maintain a legitimate interest in scrutinising functions delegated to the IJB. The IJB is currently reviewing its own internal governance and reporting arrangements to ensure there is clarity regarding the authority and function of a range of internal groups for strategic plan and commissioning and for clinical, care and professional governance.
Proposed improvement actions	Priority areas for improvement have been identified as: • Progressing work across statutory partners to clarify governance arrangements (Accountability and Governance Framework), including communicating a shared understanding to the delegated workforce and staff who work with it. • Completing the internal review of IJB governance and reporting arrangements to clarify and streamline structures and processes.

Indicator 4.2 **Accountability processes across statutory partners will be streamlined.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating	**Partly established**			
Evidence / Notes	There is a significant amount of 'triple tracking' between statutory partners; where decisions are made through IJB governance structures but are then submitted to Council and Health Board governance structures for information. This does not always support the autonomy of the IJB to plan and commission within delegated functions. We recognise that on some occasions decisions must be made on specific issues (i.e. those not delegated to the IJB under the Integration Scheme such as charging and employment matters) by the Council and / or Health Board and that they maintain a legitimate interest in scrutinising functions delegated to the IJB. The IJB has a clear focus on enhancing the accessibility and transparency of public reporting within resource that are available. The Annual Performance Report and recent revision of the Strategic and Commissioning Plan have all been undertaken with a clear focus on meeting the needs of the public, rather than organisational stakeholders. We are increasingly focusing performance reporting on locality level information and are planning how to better integrate this into existing arrangements for locality engagement, such as through Local Community Planning Partnerships and local Health and Wellbeing Networks. The IJB is currently reviewing its own internal governance and reporting arrangements to ensure there is clarity regarding the authority and function of a range of internal groups for - strategic planning and commissioning and for clinical, care and professional governance. Ongoing discussions around accountability processes and performance reporting as part of Tayside NHS Board performance and governance processes.			

	The IJB actively contributes to a range of public reporting functions undertaken by the Council – including reporting against the Council Plan, City Plan and Local Government Benchmarking Framework. It has also contributed to initiatives in relation to open data.
Proposed improvement actions	Priority areas for improvement have been identified as: • Further developing approaches to public reporting, including direct engagement with community groups and considering potential for shared approaches across the statutory partners in Tayside. • Developing transparent public reporting at the Integrated Strategic Planning Group level to supplement and support that already taking place at an IJB level. • Develop refreshed framework for accountability and reporting for assurance to Tayside NHS Board

Proposal 4.3 **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating	**Established**			
Evidence / Notes	The IJB Chair reports being well supported in their role. Formal support for the Chair is provided by IJB officers as well as Council Committee Services and Legal Services. Support from both Council and Health Board Communications colleagues is also available as required. Stakeholders report that the Chair has an accessible and inclusive approach to facilitating discussions and supporting decision making. Arrangements have been put in place with individual IJB members to support their full participation, including individual briefings and provision of IT equipment. The IJB Chair and Vice-Chair appointment rotates between the statutory partners every two years. No complaints have ever been received through formal complaints procedures in relation to the conduct and operation of the IJB. There have been significant changes to NHS Board representation on the IJB over the last 12 months. Overall the membership of the IJB from other partners has been consistent and sustained.			

	Whilst there are induction arrangements and the IJB has participated in development sessions we recognise that further work is required to ensure a consistent approach and regular opportunities for IJB member development across a range of relevant issues. We also recognise that members of the Integrated Strategic Planning Group (who are not also IJB members) would benefit from access to induction and development opportunities.
Proposed improvement actions	Priority areas for improvement have been identified as: • Planning and implementing a standard induction programme for IJB and ISPG members. • Planning and implementing a continuous programme of development opportunities for IJB and ISPG members.

Proposal 4.4 **Clear directions must be provided by IJB to Health Boards and Local Authorities.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating	**Established**			
Evidence / Notes	The close working relationship between all IJB members and the financial focus inherent in any decision making is a key aspect of their debate and work. Clear directions are issued for all decisions made by the IJB. However, there is still a developing understanding between the statutory partners of the level of detail that is required in directions. There are currently no formal arrangements for monitoring the receipt and implementation of directions through the accountable officers. It is therefore challenging to assess whether or not directions are having an impact on achieving desired outcomes for individuals and communities. Many changes have been agreed and progressed on a collaborative basis without the need for specific directions to be issued e.g. Mental Health Inpatient Re-design			

Proposed improvement actions	Priority areas for improvement have been identified as: • Provision of developmental input regarding drafting of directions to staff writing them, including clear information about expected content and level of detail. • Further work to ensure co-ordination and consideration of whole system impact of directions, where relevant, with the other Tayside IJBs and bordering Health Boards. • Identifying appropriate approaches to monitoring the implementation and impact of directions once they have been issued.

Proposal 4.5 **Effective, coherent and joined up clinical and care governance arrangements must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating	**Partly established**			
Evidence / Our Notes	Getting It Right For Everyone (GIRFE) sets out the accountability for Clinical Care and Professional Governance for Chief Executive Officers for the Council and Health Board, as well as the role and authority of the IJB Chief Officer. Appointed accountable Professional Lead staff from across a range of health disciplines are fully integrated into the work of the IJB and are members of the Partnership's senior management team providing guidance and direction on all clinical and professional governance matters. The Chief Social Work Officer Governance Framework sets out role of CSWO within the IJB, although there are challenges fully implementing this within current resources.			

	Internal Audit Report no D07/17 (PAC 13/02/18) found that there is an adequate and effective system of risk management, control and governance in relation to Clinical, Care and Professional Governance - with minor weaknesses present. Audit recommendations included: the need to clarify remits of groups within the Clinical, Care and Professional Governance structure, as well as reporting arrangements between groups; and, the need to develop a consistent assurance appetite across all clinical, care and professional governance domains. In addition to the high level assurance updates to the IJB the Performance and Audit Committee, the Local Partnership Clinical Forum (R2) and the Clinical Governance and Risk Management Forum play a role in clinical and care governance. The audit report identified a lack of clarity regarding the roles of each of these groups and a duplication of effort (which it recognised might be unavoidable in the short term).
Proposed improvement actions	Priority areas for improvement have been identified as: • Put in place a development plan that contributes to an improved mutual understanding of Clinical Governance and accountability and how it dovetails with the delivery of integrated services. • Full implementation of the CSWO Governance Framework • Implementation of outstanding actions from Audit report D07/17, including reviewing Clinical, Care and Professional Governance structures to ensure clarity and appropriate linkages of groups. • Progress and complete the refresh of the GIRFEF with capability to incorporate the recommendations/guidance issued further to publication of statutory guidance (MSG report) • Undertake a review of the Tayside Clinical Governance Strategy

Key Feature 5 **Ability and willingness to share information**				
Proposal 5.1 **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating	**Established**			
Evidence / Notes	The IJB has a well-developed format in place for the Annual Performance Report. This has been developed to include all information required in statutory guidance and has been designed primarily to meet the needs of the public (rather than organisational stakeholders) including using accessible language. The format reflects progress in local systems and reflects on challenges both in the reporting year and those that are anticipated within the year ahead. We recognise that we could further improve this format by having more specific content relating to challenges that is easier to identify and for other partnerships to learn from. We would also like to further develop content in relation to localities and engagement / co-production. Although the full report has not been published by the end of July each year, a summary version containing all statutory required information has been published by the deadline each year.			

	The Annual Performance Report includes benchmarking information for national indicators, with a particular focus on performance against our local government benchmarking family group. However, other types of information are not routinely able to be benchmarked. We are working with partners across Tayside to develop an agreed set of indicators for benchmarking across the 3 IJBs. Our approach to the Annual Report has been refined each year in response to feedback from the public and organisational stakeholders. This year we hope to focus on enhancing content that demonstrates the impact of developments and challenges on service users and carers. We intend to undertake a substantive review of our approach next year (2019/20) as this will be the first annual report against our revised Strategic and Commissioning Plan.
Proposed improvement actions	Priority areas for improvement have been identified as: • Participating in ongoing work within the Scottish Commissioning and Improvement Network to align approaches to annual reporting across all IJBs. • Further developing the accessibility of our annual report for members of the public, including through digital formats. • Aligning our approach to annual reporting with available resources, to ensure that both full and summary versions are published prior to the end of July each year, and with annual reporting processes in the Council and Health Board. • Support the system wide engagement and participation in the development of the annual reports to enable sharing of information and learning.

Proposal 5.2 **Identifying and implementing good practice will be systematically undertaken by all partnerships.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating	**Established**			
Evidence / Notes	The IJB has a well-developed format in place for its Annual Performance Report. This has been developed to include all information required in statutory guidance and has been designed primarily to meet the needs of the public (rather than organisational stakeholders) including using accessible language. In its current format it would be possible for other Partnerships to identify examples of good practice. The format reflects progress in local systems and reflects on challenges both in the reporting year and those that are anticipated within the year ahead. We recognise that we could further improve this format by having more specific content relating to challenges that is easier to identify and for other partnerships to learn from. Inspection reports in relation to our own services are routinely used as a basis for practice improvement. Inspection reports are progressed through Clinical, Care and Professional Governance structures, and appropriate summaries are provided to the			

	Performance and Audit Committee. Action plans are developed in response to inspection findings and monitored through operational management teams, and in some cases through CCPG structures. We have established significant programmes of improvement in relation to the findings of inspection reports, for example our Transforming Public Protection Programme was established in response to our joint inspection of adult support and protection. This programme has also involved visits to 2 other Partnership areas and the direct implementation of good practice approaches from those areas into local systems and practices. Inspection reports from other Partnerships are reviewed, although this practice is not as consistent as it could be. Formal review of inspection reports through support services, in collaboration with operational colleagues, is prioritised to make best use of available resources. Reports from Partnerships who are part of our benchmarking group or which relate to recognised areas for improvement, such as Self-Directed Support, are prioritised for review. However, a range of operational management teams will consider and review external inspection reports that relate to their specific service areas. Learning and improvement is also undertaken through Local Adverse Event Reviews, Significant Case Reviews, Drug Death Reviews and Suicide Reviews. Significant Case Reviews that are published by other Partnerships will also be reviewed to establish any learning points that are relevant in the local context. Operational services collaborate and learn from others on a routine basis, this includes from other IJBs as well as from through national improvement bodies (such as the Improvement Services and Healthcare Improvement Scotland) and from academic institutions in the region. Whole systems Clinical Boards have been established in areas such as Unscheduled Care and Older People to design plan and share best practice. It is recognised these Boards can be developed further to include learning from other inspections and share learning and best practice. Clinical pathways work (under Modernising Outpatients), led by GP and hospital based consultant personnel and involving multidisciplinary and multiagency staff to design and apply best evidence to improve pathways for people.
Proposed improvement actions	Priority areas for improvement have been identified as: • Enhancing capacity within support services to consistently formally review relevant inspection reports and undertake appropriate improvement actions. • More consistently utilising additional resources and support available through national improvement bodies to support local improvement. • Support the system wide engagement and participation in the development of the annual reports to enable sharing of information and learning.

Proposal 5.3 A framework for community based health and social care integrated services will be developed.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 **Meaningful and sustained engagement**				
Proposal 6.1 **Effective approaches for community engagement and participation must be put in place for integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating	**Established**			
Evidence / Notes	The Partnership has a strong commitment to and culture of engagement and co-production with communities. Significant resource has been invested in infrastructure to support this, including establishment of specific posts within Third Sector organisations and internally, however there is a clear expectation that engagement will be a core aspect of everyone's approach. There is a clear agreement that collaborative working within the context of the wider Community Planning Partnership should be the focus of engagement activity in order to prevent duplication of effort and 'engagement fatigue' amongst communities. We are increasingly getting better at planning engagement in a joined up way and sharing the outcomes of engagement activity with all those who can make use of this in service planning activity. An example of this is, the recent Engage Dundee activity. We recognise that we could make more effective use of the existing infrastructure of community groups and networks that exist across the city, such as LCPPS and health and wellbeing networks. We are progressing this aspect of our work further through a joint Community Learning and Development Engagement Plan that is being developed by Community Planning partners. A number of the Partnership's Strategic Planning Groups include membership from community representatives (both geographic and communities of interest). There is also limited formal representation from community members on the ISPG and at the IJB. There are examples of exemplary practice in terms of community engagement and participation in IJB activities (for example, in the			

	Making Recovery Real initiative and various developments within the Carers agenda) and we recognise the need to learn from these examples and spread these practices more consistently across the Partnership. This is particularly so in areas such as Primary Care where community engagement has, to date, been much more limited. We would also like to undertake more activity to share our information and performance data with communities in a meaningful way and work with them to understand their interpretation of this information. We have started this work by focusing on trying to better understand health inequalities across localities through discussion of our initial analysis with the communities concerned. We will progress this work through the existing infrastructure of LCPPs.
Proposed improvement actions	Priority areas for improvement have been identified as: • Developing opportunities for more meaningful involvement of community groups at an ISPG and IJB level. • Testing approaches for sharing and jointly analysing needs and performance data with communities (geographic and of interest) • Spreading learning from areas where engagement is exemplary to those service areas where this has not yet been developed, including Primary Care.

Proposal 6.2 **Improved understanding of effective working relationships with carers, people using services and local communities is required.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating	**Established**			
Evidence / Notes	Narrative regarding community engagement is at 6.1. This narrative equally applies to people using services. In addition to what is described at 6.1 operational services utilise a wide range of approaches to developing effective relationships with service users. A number of these approaches are described in our Annual Performance Report for 2017/18 where specific services have highlighted engagement activities that have directly informed changes to service provision. In a range of services, such as mental health and substance misuse, service users have been integral to developing services that focus on the value of peer support and recovery. Engagement is afforded a very high priority by the IJB and the Partnership's senior leadership team. There is a clear expectation that engagement and co-production will be integrated into the practice of all staff within the delegated workforce. There has been a recent example of the IJB challenging a lack of engagement regarding Primary Care developments.			

	It is recognised that there are specific challenges in Dundee in relation to Primary Care engagement and co-production as Practice registration does not align to locality residence. This can make the practical aspects of engagement difficult but further work is required to establish alternative and effective ways to engage with patients. The IJB has a very positive relationship with Carers representatives who participate actively at Strategic Planning Group, Integrated Strategic Planning Group and IJB level. There are close working relationships with the Carers Centre and significant investment has been made to ensure that Carers voices influence local planning and service delivery. The Carers Strategy, as well as a range of activities within this, have been led by Carers and there is a core commitment to co-production. A Carers of Dundee website and brand and a Carers Interest Network have also been established as a means of supporting participation of carers in local health and social care developments. A Carers Charter has also been developed and work is ongoing to embed this across local organisations. In February 2018 the Partnership was assessed against the 3 standards contained within Expert, Equal and Valued. Whilst there were a small number of identified areas for improvement, overall the Partnership was found to have a positive approach to collaboration with carers. The Partnership has a Participation and Engagement Strategy which forms part of the suite of companion documents to the Strategic and Commissioning Plan; this is planned to be reviewed prior to the end of 2019.
Proposed improvement actions	Priority areas for improvement have been identified as: • Consider how current approaches to engagement can be expanded to include a broader range of people beyond those core representatives within established structures, including through better use of social media. • Complete the refresh of the Participation and Engagement Strategy, with particularly attention to spreading learning from best practice within the Partnership to areas such as Primary Care. • Consider the viability of establishing a large scale service user and carer experience survey. • Enabling a system wide approach to engagement and involvement; sharing best practice and learning from other partnerships

Proposal 6.3 **We will support carers and representatives of people using services better to enable their full involvement in integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating	**Established**			
Evidence / Notes	The IJB has had a very focussed effort to ensure that carers are fully represented on the IJB, ISPG and SPGs, and that they have a voice in our discussion and ultimate decision making. The IJB and ISPG also benefit from the contribution of other Public Partners. We recognise that whilst much has been done to support effective participation that there is still further work to be undertaken to remove all barriers to participation, including using accessible language within reports, ensuring papers are circulate in good time etc. At an SPG level there are a range of approaches to the involvement of service users and carers. Some SPGs have direct representation from these groups, including specific arrangements to support participation and a commitment to operate meetings in a way that supports full engagement. The IJB intends to review the SPG structure following the refresh of the Strategic and Commissioning Plan and it will be important to consider how any new structure will support service user, carer and community participation, including engaging these groups in the review process. Information regarding approaches to engagements with other carers and service users is included at 6.1 and 6.2.			

Proposed improvement actions	Priority areas for improvement have been identified as: • Consider how resources in support services could be utilised to further remove barriers to participation at the IJB and ISPG by carers and public representatives. • Ensuring that the review of SPG structures takes account of the need for continued engagement of service users, carers and communities, including involving them in the SPG review process. • Ensure continued engagement of communities to enable whole system approach to local service design and delivery

ITEM No …9……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **FINANCIAL MONITORING YEAR END POSITION**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB34-2019**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board with an overview of the final financial position for delegated health and social care services for 2018/19.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the content of this report including the year end outturn for delegated services to the 2018/19 financial year end as at 31 March 2019 as outlined in Appendices 1, 2 and 3 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 A £1,794k overspend is reported for the IJB for the 2018/19 Financial Year. The overall financial performance consists of an underlying deficit of £3,630k in Social Care budgets and an underlying surplus of £1,836k in NHS budgets resulting in a net deficit of £1,794k. In line with the risk sharing agreement with NHS Tayside and Dundee City Council from 2018/19 onwards whereby any residual overspend arising is met from reserves and consistent with the planned use of reserves as outlined in the IJB's Budget setting process and service redesign reports, the impact of the overall financial position for integrated services in Dundee for 2018/19 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £2,766k at the year ended 31 March 2019 (as against £4.560k at the year ended 31 March 2018).

3.2 Given many of the areas of overspend were projected throughout the financial year, provision has been made within the 2019/20 IJB's budget to support these cost pressures. Work continues to identify and monitor other emerging cost pressures incurred during 2018/19 to assess any impact these may have on the 2019/20 budget position.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB set out its final budget for delegated services at its meeting of the 28 August 2018 following receipt of confirmation of NHS Tayside's budget (Article XIII of the minute refers). Within this report, the risks around the prescribing budget were reiterated after being formally noted in the initial budget report presented to a special meeting of the IJB held on 30 March 2018 (Article V of the minute refers) in addition to Report DIJB41-2018 (Dundee Prescribing Management Position) considered by the IJB at its meeting held on 27 June 2018 (Article X of the minute refers).

4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.1.4 Under the terms of the risk sharing arrangements within the Integration Scheme, should the IJB incur an overspend at the end of the financial year it must apply any uncommitted reserves prior to any residual overspends being met proportionately by the Council and NHS Tayside. Given the potential financial risk to both parties, the IJB has advised them of the partnership's financial position as it developed throughout the financial year. As a result of overspends being projected during the year, the parties requested a financial recovery plan, which was presented to the IJB meeting in Feb 2019 (Report DIJB7-2019). This consisted of applying a risk based approach to vacancy management which reduced particular financial pressure areas in addition to a review of historical legacy funding passed over to the IJB by NHS Tayside during the financial year. The latter resulted in a resource release of approximately £1m.

4.2 2018/19 Year End Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances.

4.3 Services Delegated from NHS Tayside

4.3.1 The NHS underspend position is mainly due to underspends in Scottish Government ring fenced funding such as Primary Care, Mental Health Action 15 and Alcohol and Drug Partnership funding totalling £1,505k. This funding is carried forward in the IJB's general fund balances to 2019/20 to be invested in new services and service redesign in line with the Scottish Government's requirements and local plans. A further underspend of £331k was achieved in community based operational services including the net impact of hosted services recharged from Angus and Perth and Kinross IJB's. This position was achieved as a direct response to a request from NHS Tayside for a financial recovery plan in line with the integration scheme, prompted by the projection of a significant overspend in NHS budgets early on in the 2018/19 financial year. Uncommitted, non-recurring funding was applied by the IJB to support overspending areas of the budget such as GP Prescribing and In-Patient Mental Health Services.

4.3.2 Service underspends are reported within Allied Health Professionals (£391k), Keep Well (£170k), Public Health (£106k) and hosted services such as Psychology (£558k) and Dietetics (£209k) mainly as a result of staff vacancies.

4.3.3 Staff cost pressures continue to exist in a number of other services such as the Medicine for the Elderly (+£710), Palliative Care (+£124k), Brain Injury (+£123k) and Community Nursing Services (+£173k). Additional staffing pressures have contributed to the adverse position within these services through ensuring safe staffing levels in accordance with the National Nursing and Midwifery workload tools requirements.

4.3.4 The Family Health Services drugs prescribing was overspent by £448k at the end of the financial year. This was consistent with the anticipated position reported during the latter part of the financial year. The effect of this was partly offset by an underspend in other prescribing costs.

4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports throughout the financial year and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £545k being recharged with the net impact of hosted services to Dundee being an overspend of £522k.

4.3.6 The financial position of Dundee City IJB continued to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth and Kinross IJB has continued to utilise cost pressure funding and apply other interventions to reduce the overspend position in respect of this service provision. The final year end position from Perth and Kinross shows Dundee's share of this overspend as being £529k. This position was driven by undelivered savings carried forward from previous years, medical locum costs and nursing costs in General Adult Psychiatry. Plans to reduce and offset costs particularly through the Mental Health, Learning Difficulties, Inpatient, Transformation Programme will continue into future financial years in order to reduce this financial deficit.

4.4 Services Delegated from Dundee City Council

4.4.1 The overspend in Social Care budgets was mainly due to the planned use of reserves as part of the 2018/19 budget setting process of £1,983k and planned draw down from reserves as transition funding to support community based investment as part of the Reshaping Non Acute Care Programme of £757k. Overspends were incurred during the year in relation to staff costs of £460k, including the effect of a higher than budgeted pay award and the non-achievement of savings through the redesign of care at home services. In addition, high demand for community based social care services lead to an overspend in services provided by third and independent sector care providers of £319k. This included particular pressures around home based social care services and accommodation with support services for adults with a disability mainly as a result of demographic factors with the underlying cost of service provision also increasing. This led to significant overspends being incurred within adult services and older peoples services and resulted in the Council's net expenditure position moving to an overspend of £890k after adjustments were made for the planned use of reserves. This deficit has reduced the overall level of reserves available for future use by the IJB.

4.4.2 In line with the IJB's strategic vision, the range of service developments around multi-disciplinary models of care primarily through the Enhanced Community Support Acute Model have started to impact positively through a reduction in care home placements for older people with an underspend of £559k achieved during 2018/19.

4.4.3 A range of underspends within Substance Misuse and Management and Support functions mainly arising from staff turnover as well as slippage in the development of new services supported the overall budget position..

4.5 Primary Care Improvement Funding and Mental Health Action 15 Funding

4.5.1 The above funding streams have been provided by the Scottish Government from 2018/19 and have been subject to separate reporting to the IJB with plans set out at the IJB's meeting of 28 August 2018 (Articles IX and XII of the minute refer). Given the timescales for developing, submitting and approving expenditure plans associated with these funding streams it was always anticipated that significant expenditure slippage would occur. Indeed the Scottish Government withheld 30% of funding to partnerships unless they could demonstrate full commitment of expenditure during the year, with this balance being released in the following financial year. Dundee's expenditure profile for 2018/19 is set out below. The underspends in relation to the 70% funding allocation noted below have contributed to the underspend in the NHS budget, the impact of which has dropped in to the IJB's reserves as ring fenced funding to be carried forward into 2019/20 with the 30% balance of funding held by the Scottish Government but due to be allocated back to the IJB in 2019/20.

18/19 Financial Position	Primary Care £	Mental Health £	Total £
2018/19 Funding:			
2018/19 Allocation Received (70%)	789,777	228,135	1,017,912
2018/19 Allocation Retained by SG for use in future years (30%)*	338,476	97,772	436,248
Pharmacotherapy Initial Allocation	227,223		227,223
Transfers from Angus and Perth	66,091		66,091
Total Funding Available	**1,421,567**	**325,907**	**1,747,474**
Expenditure at Year Ended March 2019	**383,100**	**80,000**	**463,100**
Slippage to be Carried Forward to 2019/20	**1,038,467**	**245,907**	**1,284,374**

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions including the use of reserves to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services (Dundee City Council), Director of Finance of NHS Tayside and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 10 June 2019

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2018/19 **Mar-19**

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget £,000	Actual Over / (Under) £,000	Net Budget £,000	Actual Over / (Under) £,000	Net Budget £,000	Actual Over / (Under) £,000
Older Peoples Services	39,887	837	15,229	726	55,115	1,563
Mental Health	4,438	93	3,362	(75)	7,799	18
Learning Disability	23,882	790	1,291	(25)	25,173	765
Physical Disabilities	7,083	256	0	0	7,083	256
Substance Misuse	1,070	(137)	2,752	70	3,823	(68)
Community Nurse Services/AHP/Other Adult	657	30	12,668	(282)	13,325	(252)
Hosted Services	0	0	19,277	(562)	19,277	(562)
Other Dundee Services / Support / Mgmt	1,442	(978)	26,290	(560)	27,732	(1,538)
Centrally Managed Budgets	0	2,740	1,846	(1,634)	1,846	1,105
Total Health and Community Care Services	**78,458**	**3,630**	**82,715**	**(2,343)**	**161,174**	**1,287**
Prescribing (FHS)	0	0	32,738	448	32,738	448
Other FHS Prescribing	0	0	866	(432)	866	(432)
General Medical Services	0	0	25,106	4	25,106	4
FHS - Cash Limited & Non Cash Limited	0	0	18,119	(36)	18,119	(36)
Grand Total	**78,458**	**3,630**	**159,544**	**(2,359)**	**238,003**	**1,271**
Net Effect of Hosted Services*			5,832	522	5,832	522
Grand Total	**78,458**	**3,630**	**165,376**	**(1,837)**	**243,835**	**1,793**
Large Hospital Set Aside			17,449	0	17,449	0
Total Comprehensive Income & Expenditure		**3,630**		**-1,837**		**1,794**
Less: Planned Draw Down From Reserve Balances		(1,983)				(1,983)
Less: Additional Draw Down From Reserve Balances		(1,647)				(1,647)
Add: Transfer to reserves				1,837		1,837
	78,458	**0**	**182,825**	**(1,837)**	**261,284**	**1,794**

***Hosted Services - Net Impact of Risk Sharing Adjustment**

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report Year End to 31 March 2019

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Psychiatry Of Old Age (POA) (In Patient)			4,498	123	4,498	123
Older People Serv. – Ecs			248	0	248	0
Older Peoples Services -Community			395	(49)	395	(49)
Continuing Care			(16)	16	(16)	16
Medicine for the Elderly			4,898	710	4,898	710
Medical (POA)			641	2	641	2
Psychiatry Of Old Age (POA) - Community			1,883	(145)	1,883	(145)
Intermediate Care			779	87	779	87
Dundee- Supp People At Home			65	0	65	0
Medical (MFE)			1,838	(19)	1,838	(19)
Older People Services	39,887	837			39,887	(837)
Older Peoples Services	38,557	837	15,229	726	55,115	1,563
General Adult Psychiatry			3,362	(75)	3,362	(75)
Mental Health Services	4,438	93			4,438	93
Mental Health	4,438	93	3,362	(75)	7,799	18
Learning Disability (Dundee)	23,882	790	1,291	(25)	25,173	765
Learning Disability	23,882	790	1,291	(25)	25,173	765

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Physical Disabilities	7,083	256			7,083	256
Physical Disabilities	7,083	256	0	0	7,083	256
Substance Misuse	1,070	(137)	2,752	70	3,823	(68)
Substance Misuse	1,070	(137)	2,752	70	3,238	(68)
A.H.P. Admin			374	(13)	374	(13)
Physiotherapy			3,780	(220)	3,780	(220)
Occupational Therapy			1,452	(158)	1,452	(158)
Nursing Services (Adult)			6,533	173	6,533	173
Community Supplies - Adult			155	(20)	155	(20)
Anticoagulation			374	(44)	374	(44)
Intake/Other Adult Services	657	30			657	30
Community Nurse Services / AHP / Intake / Other Adult Services	657	30	12,668	(282)	13,325	(252)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Palliative Care – Dundee			2,587	61	2,587	61
Palliative Care – Medical			1,122	(20)	1,122	(20)
Palliative Care – Angus			324	10	324	10
Palliative Care – Perth			1,609	73	1,609	73
Brain Injury			1,596	123	1,596	123
Dietetics (Tayside)			3,144	(209)	3,144	(209)
Sexual and Reproductive Health			2,069	(44)	2,069	(44)
Medical Advisory Service			154	(60)	154	(60)
Homeopathy			27	4	27	4
Tayside Health Arts Trust			58	(2)	58	(2)
Psychology			4,924	(558)	4,924	(558)
Eating Disorders			0	0	0	0
Psychotherapy (Tayside)			894	139	894	139
Learning Disability (Tayside AHP)			769	(79)	769	(79)
Hosted Services	0	0	19,277	(562)	19,277	(562)
Working Health Services			(21)	0	(21)	0
The Corner			407	22	407	22
Primary Care			596	(81)	596	(81)
Resource Transfer			0	0	0	0
Grants Voluntary Bodies Dundee			46	0	46	0
IJB Management			804	(57)	804	(57)
Partnership Funding			22,980	(167)	22,980	(167)
Urgent Care			43	0	43	0
Public Health			846	(106)	846	(106)
Keep Well			590	(170)	590	(170)
Support Services/Management Costs	1,442	(978)			1,442	(978)
Other Dundee Services / Support / Mgmt	1,442	(978)	26,290	(560)	27,732	(1,538)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Centrally Managed Budgets	0	2,740	1,846	(1,634)	1,846	1,105
Total Health and Community Care Services	**78,458**	**3,630**	**82,715**	**(2,343)**	**161,174**	**1,287**
Other Contractors						
Prescribing (FHS)			32,738	448	32,738	448
Other FHS Prescribing			866	(432)	866	(432)
General Medical Services			25,106	4	25,106	4
FHS - Cash Limited and Non Cash Limited			18,119	(36)	18,119	(36)
Grand Total HSCP	**78,458**	**3,630**	**159,544**	**(2,359)**	**238,003**	**1,271**
Hosted Recharges Out			(11,319)	(22)	(11,319)	(22)
Hosted Recharges In			17,151	544	17,151	544
Hosted Services - Net Impact of Risk Sharing Adjustment			**5,832**	**522**	**5,832**	**522**
	78,458	**3,630**	**165,376**	**(1,837)**	**243,835**	**1,793**
Large Hospital Set Aside			17,449		17,449	
Total Comprehensive Income & Expenditure		**3,360**		**(1,837)**		**1,794**
Less: Planned Draw Down From Reserve Balances		**(1,983)**				**(1,983)**
Less: Additional Draw Down From Reserve Balances		**(1,647)**				**(1,647)**
Add: Transfer to reserves				**1,837**		**1,837**
TOTAL	**78,458**	**0**	**182,825**	**0**		**1,794**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement - March 19

Appendix 3

Services Hosted in Angus	Annual Budget	Actual Over (Underspend)	Dundee Allocation
Forensic Service	961,218	(105,836)	(41,699)
Out of Hours	7,433,140	149,858	59,044
Tayside Continence Service	1,408,126	(47,321)	(18,644)
Ang-loc Pharmacy	1,854,300	469	185
Speech Therapy (Tayside)	1,040,628	(10,815)	(4,261)
Hosted Services	**12,697,412**	**(13,645)**	**(5,376)**
Balance of Savings Target	-113,308	113,308	44,643
Grand Total Hosted Services	**12,584,104**	**99,663**	**39,267**

Services Hosted in Perth			
Angus Gap Inpatients	2,196,513	329,786	129,936
Dundee Gap Inpatients	6,105,211	(62,786)	(24,738)
Dundee Gap Snr Medical	1,950,746	489,490	192,859
P+K Gap Inpatients	5,425,676	249,154	98,167
Learning Disability (Tayside)	6,011,501	194,038	76,451
T.A.P.S.	653,265	(44,114)	(17,381)
Tayside Drug Problem Services	801,977	(115,190)	(45,385)
Prison Health Services	3,386,677	(294)	(116)
Public Dental Service	2,003,863	(35,035)	(13,804)
Podiatry (Tayside)	2,833,180	(144,672)	(57,001)
Hosted Services	**31,368,609**	**860,377**	**338,989**
Balance of Savings Target	(337,546)	84,507	33,296
Balance of Savings Target - IPMH	(84,507)	337,546	132,993
Grand Total Hosted Services	**30,946,556**	**1,282,430**	**505,278**

Total Hosted Services	**43,530,660**	**1,382,093**	**544,545**

ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2018/19**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB35-2019**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2018/19.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board

2.1 Notes the content and findings of the attached Annual Internal Audit Report 2018/19 (Appendix 1).

2.2 Instructs the Chief Finance Officer to incorporate the recommendations of the report into the IJB's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

4.2 The Performance and Audit Committee agreed at its meeting of the 31st July 2018 (Item XI of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor for the Integration Joint Board with internal audit services provided by FTF Audit and Management Services supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2018/19.

4.3 The Internal Audit review examined the framework in place during 2018/19 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of corporate, clinical, staff, financial and information governance.

4.4 The IJB's Draft Annual Statement of Accounts 2018/19 includes a Governance Statement based on a self assessment of the IJB's governance, risk management and control frameworks as they have developed during 2018/19. While highlighting a number of areas of continuous improvement following on from the self-assessment, the recent Ministerial Strategic Group Review of Progress with Integration of Health and Social Care Report self-evaluation and recommendations from internal and external audit reports, the governance statement has established there are no major issues.

4.5 The Chief Internal Auditors' assessment of these frameworks concludes that subject to the issues highlighted in the Governance Statement, reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2018/19.

4.6 The audit report sets out a number of findings and recommendations following their review. A management response, actions and planned completion dates have been set out accordingly. Progress with these actions will be monitored through the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.**	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 7th June 2019

FINAL REPORT

DUNDEE IJB
INTERNAL AUDIT SERVICE

ANNUAL INTERNAL AUDIT REPORT

2018/2019

Issued To: D Lynch, Chief Officer
D Berry, Chief Finance Officer

Dundee Integration Joint Board
External Audit- Audit Scotland

Date issued: 18 June 2019

ANNUAL INTERNAL AUDIT REPORT 2018/19

INTRODUCTION

1. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

2. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

3. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:

   i) Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:

      (a) facilitates the effective exercise of the authority's functions; and

      (b) includes arrangements for the management of risk.

   ii) Conduct a review at least once in each financial year of the effectiveness of its system of internal control.

4. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure *additional assurance on the overall adequacy and effectiveness of the framework of governance, risk* management and control is provided by the internal auditor.

5. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2018/19.

6. This review examined the framework in place during the financial year 2018/2019 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:

   ✧ Corporate Governance
   - Clinical Governance
   - Staff Governance
   - Financial Governance
   - Information Governance

EXECUTIVE SUMMARY

7. The 2015/16 IJB Annual Internal Audit Report first recommended that accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB, and thereafter flow through to risk management and assurance arrangements. Whilst progress has been made, a number of matters remain outstanding, due to the complexity, sensitivity and difficulty of the issues as well as the capacity of the IJB to deliver governance changes whilst implementing substantial transformative change.

8. Previous reports have acknowledged that the IJB was a developing organisation and that its governance structures were, therefore, necessarily emergent. However, after three years of operation, we have now assessed arrangements based on an expectation of increasing maturity.

9. We welcome the progress made by Dundee IJB in service planning and improvement, alongside the ongoing development of governance arrangements:

    - ◊ The strong focus of the PAC on scrutiny of performance and comprehensive reporting provided
    - ◊ The Chair's assurance report from PAC to the IJB
    - ◊ The development of a RAG rated Governance action plan
    - ◊ Discussion of governance principles
    - ◊ Developments in Clinical and Care Governance arrangements

10. The IJB faces a challenging financial position going forward. Success will depend on adequate management capacity and corporate support to deliver a significant savings programme; and drive the necessary transformational change within the available capacity as well as manage the business as usual. The development and implementation of a Workforce plan as a fundamental enabling strategy is crucial.

11. The need for immediate governance improvements has crystallised through the publication of the Ministerial Steering Group (MSG) report, which shows that most of the problems we have previously identified in Dundee IJB are replicated across many parts of Scotland. The IJB submitted its response to the MSG subject to further revisions to take account of further input from NHS Tayside in May 2019. Many areas were assessed as established, with around 40% assessed as *'Partly established';* proposed improvement actions are included against all proposals.

12. It is to be hoped that the impetus created by the MSG report will create an environment in which significant and rapid progress may be achieved.

13. The Audit Committee should continue regular monitoring of progress in implementing the actions arising for the MSG report combined with previously agreed governance actions and should be aware of the consequences of any non-achievement for the overall control environment.

14. Dundee IJB directs more than half of its services from NHS Tayside but is also in an interdependent relationship with both parent bodies in which the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement concludes that corporate governance was operating effectively throughout the financial year. We have been informed that the Dundee City Council Senior Manager – Internal Audit has concluded in her annual internal audit report that *'It is my opinion, [..], that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control for the year to 31 March 2019*. Whilst both contain some issues which are of interest to the IJB, neither would give rise to any requirement for consideration in the IJB's Governance Statement.

15. The IJB has produced a draft Governance Statement for 2018/19 which reflects the IJB's own assessment for areas for development, including the issues highlighted by Internal Audit in relation to transformation and workforce. The Governance Statement also sets out a number of actions to further strengthen governance arrangements. A number of these are outstanding from previous years and are now included in a Governance Action Plan. The action plan was approved by the PAC in March 2019 and progress updates will be provided to each future meeting of PAC.

CONCLUSION

16. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2018/19.

17. Based on work undertaken I have concluded, that:

- **Subject to the issues highlighted in the Governance Statement, reliance can be placed on the IJBs governance arrangements and systems of internal controls for 2018/19.**

18. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work;**
- **The format and content of the Governance Statement in relation to the relevant guidance;**
- **The disclosure of all relevant issues.**

ACTION

19. The IJB is asked to **note** this report in evaluating the internal control environment for 2018/19 and **consider** any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

20. Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter as well as a protocol for the sharing of audit outputs between the partner organisations. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS).

21. During 2018/19 the NHS Tayside Internal Audit Service was externally quality assessed (EQA) by the Institute of Internal Auditors in June 2018 and concluded that FTF generally conforms to the International Professional Practice Framework (IPPF). An action plan is in place and being monitored through the NHS Tayside Audit & Risk Committee. An EQA of Dundee City Council Internal Audit Service in June 2018 concluded that the Council's Internal Audit Service fully conforms with 11 of the 13 standards and generally conforms with the remaining two.

22. The 2018/19 internal audit plan was approved by the PAC in July 2018. Audit work has been undertaken, in partnership with the Dundee City Council Internal Audit Service, sufficient to allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls.

23. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities. Our update of the checklist for 2018/19 focused on the proposals laid out in the February 2019 'Review of Progress with Integration of Health and Social Care' by the Ministerial Strategic Group for Health and Community Care.

24. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2019; and also comment on where further development is needed in 2019/20. Based on our assessment, we also recommend further issues for consideration by management.

25. Last year we recommended that a Governance Action Plan be created to include actions within the annual Internal Audit report, a RAG rating for outstanding issues and include greater clarity on whether the action is on track, remedial action taken and the effectiveness of that action. A Governance Action Plan in that format has been prepared and was approved by the PAC on 25 March 2019. We further recommend that it is extended so that the implementation of actions arising from the MSG report can be incorporated and monitored, taking account of the considerable duplication between our findings and those of the MSG.

26. It is vital that the PAC continues to regularly monitor progress regularly in implementing agreed actions and understands the consequences of any non achievement or slippage in the governance action plan in overall context.

27. Our evaluation of the IJB's Governance Framework is summarised below:

A - Corporate Governance
A1 - Key arrangements in place as at year end 2018/19
I. Our review of agendas and minutes of the IJB during the year shows that in this third year of operation, the main focus of the IJB was service planning

and improvement, as well as a range of governance topics. In addition, performance was close scrutinised by the PAC. We evidenced a clear link between the IJB's current strategic risks and reporting except in relation to workforce (cf Section B4 below).

II. Following review and public consultation, the new 2019/22 Strategic and Commission Plan was approved by the IJB in March 2019. During 2018/19, the IJB was kept updated on the development of plan. Management has informed us that the IJB also contributed to the development of the Dundee City Council and NHS Tayside Local Delivery Plan and Transforming Tayside Plan.

III. The IJB reviewed the final draft of NHS Tayside's Public Health Strategy, this included participation in the development and implementation of an action plan and the evaluation of the impact of the strategy.

IV. The IJB approved the Primary Care Improvement Plan and this has now been submitted to the Scottish Government.

V. In March 2019, the IJB also approved the Equality Outcome and Mainstreaming Framework 2019/2021.

VI. The 2017/18 Annual Performance report was submitted to the IJB for approval in August 2018. We commend the strong focus of the PAC on scrutiny of performance throughout the year as well as the comprehensive reporting provided.

VII. Following our assessment of the IJB risk maturity, a Risk Management Action Plan was developed and approved by the PAC on 12 February 2019.

VIII. The PAC met on 6 occasions during 2018/19. We commend good practice that following each meeting, a Chair's assurance report is provided to the IJB on instructions issued by the committee and any issues to highlight to the Board.

IX. Amendments to the standing orders including updated terms of reference for the PAC were approved by the IJB in December 2018.

A2 – Planned and ongoing developments

Many of these areas have been identified as requiring development for a number of years but remain outstanding.

I. Dundee IJB has undertaken a self assessment against the proposals contained in the Ministerial Strategic Group for Health and Community Care *'Review of Progress with Integration of Health and Social Care, Final Report, February 2019'.* A report on the outcome of this exercise is planned for presentation to the IJB in June 2019. This will include actions agreed with Dundee City Council and NHS Tayside, which should be monitored by the PAC alongside previous, similar actions recommended by Internal Audit.

II. In response to the Internal Audit assessment of risk maturity, a Risk Management Action Plan was developed and approved by the PAC on 12 February 2019. A progress update will be presented to the PAC in September 2019. The Risk Management Action Plan aims to:

- ◊ Agree a common set of risk management principles across NHS Tayside, Dundee City Council and the IJB
- ◊ Update the IJB Risk Management Strategy, including the responsibility of the PAC in reviewing the risk management system and the escalation

process

- ◊ Agree which parent body risk management IT system will be used to record IJB risk
- ◊ Develop operational procedures and policies, including the methodology to be used to examine the effectiveness of the risk management system
- ◊ Organise an annual horizon scanning event to ensure all risks are captured in the Strategic Plan

III. We also note that work is ongoing across the three Tayside partnerships to update and enhance risk management arrangements especially in relation to processes for ownership, identification and escalation of risk between the IJBs and their partners which may impact on Dundee IJB as it progresses this work.

IV. We commend the development of the Governance action plan which was presented in March 2019 a progress report is planned for future PAC meetings.

V. In addition, the IJB was updated in relation to the Governance principles developed by a pan-Tayside short life working group which have previously been agreed by NHS Tayside for HSCI. The IJB has now requested that an agreement is reached between Dundee City Council and NHS Tayside on governance principles as they apply to Dundee IJB.

VI. In line with the national picture, work in relation to further clarification in relation to Large Hospital services and set aside budget remains outstanding and remains a concern. In its response to the MSG report, the Dundee HSCP notes that it is the intention to shift the balance of care as reflected in the overarching Strategic Commissioning Plan 2019/2022.

VII. Audit work for D06/17 Workforce as well as discussions with management have highlighted that concerns still exist around the adequacy of the level of support services provided by the statutory partners. This impacts on the organisation's ability to progress more complex developments such as LHSA. Whilst the IJB has been informed of progress with the restructure of the finance function, there has been no reporting to governance level showing where capacity has constrained further improvements.

VIII. The development of Communication and Engagement Strategy is in progress and will be presented to a future meeting of the IJB as an essential companion document to the Strategic Commissioning Plan.

IX. Internal Audit report D05/18 Transformation and Service Redesign recognised that there has been a conscious effort made by management to bring together and co-ordinate the disparate strands of the transformational change programmes, but assessed arrangements currently in place as inadequate (Category D). A detailed action plan has been agreed by management and presented to the PAC who should monitor progress. It is clear from the 2019/20 budget that there is a risk of a material shortfall in resources to deliver the Strategic plan, reporting on transformational change to the IJB should reflect its importance to the IJB, focused on providing an overall picture of progress and risks to delivery.

X. Last year's annual report noted that it was intended to frame the performance report information the context of the delivery plan to ensure that operational delivery of the new Strategic Commissioning Plan can be monitored, but this has not as yet come forward to the PAC. Whilst performance reporting can

indicate progress against the organisation's vision and priorities, we would recommend a Delivery plan to track actions which will support implementation of the Strategic Commissioning Plan.

XI. Further work is required to develop formal induction programme for new IJB members. This is included in the Governance Action plan and is to be taken forward with organisational development from partner bodies. Development events took place during the year, both for the full IJB (primarily in relation to the development of the financial plan) and for PAC members. We would additionally recommend that a future development session of the PAC considers the use of an Audit Committee Self assessment, such as the Scottish Government's Audit and Assurance Committee handbook.

XII. The committee report template now includes a section on directions to ensure clarity where the IJB is asked to make a decision. The Dundee MSG Self Assessment recognises the need for further improvements in relation to the use of directions, including a clearer link to financial implications.

A3 - Recommended further issues for consideration by management

Many important governance areas where we would further development is required have already been identified by management and are included in the Governance Action Plan.

The following additional internal audit recommendations from previous annual reports remain extant:

I. The Governance Principles referred to in Para V above will have implications for the IJB's governance documents, including the Standing Orders, Scheme of (further) Delegation and Standing Financial Instructions. Whilst governance documents including the Standing Orders have been kept up to date, we would recommend that any changes necessitated by a formal agreement on integration governance to be reached should be taken into consideration as part of any future updates as part of a cycle of continuous review.

II. We previously noted a number of instances where a decision taken by the IJB/PAC was not implemented as originally envisaged. We recommend that consideration be given to providing a formal action points update for each meeting of the IJB and PAC as well as development of an annual workplan to which any reports which are to come forward can be added when agreed.

III. We previously recommended that the PAC provides a year-end report to the IJB, including a conclusion on whether it has fulfilled its remit, delivered the functions delegated to it by the IJB, and its view on the adequacy and effectiveness of the matters under its purview. This is not yet in place. Any report to be produced should also reflect on any matters of concern for future consideration. This should be provided in future years ahead of consideration of the Governance Statement.

We also make the following additional recommendations arising from this year's review:

IV. Minutes of the Dundee IJB and PAC meetings are minimalist and do not provide a record of discussions, questions asked and assurances provided which would allow interested parties, including Board members not in attendance, a fuller understanding of the issues. It is possible that this links to the issue highlighted in II above re the implementation of agreed decisions. We would recommend that consideration be given to how the organisation can ensure that the IJB and PAC minutes and papers provide a full and accurate account of the business undertaken and the assurances and challenges at each meeting. Documentation should be sufficiently detailed to ensure members receive sufficient information to identify key issues and areas of concern.

V. As the number of completed audits grows, there will be an increasing number of agreed audit recommendations. Progress on these is currently monitored through the overall Governance Action Plan. Consideration should be given to the IJB establishing an audit follow up process, as distinct from the more high level governance improvement actions currently reported through the Governance Action Plan.

VI. Whilst arrangements are not yet sufficiently mature to allow the organisation to conclude definitively on Best Value, the 2017/18 Annual Performance Report set out the organisation's position against 'National Outcome 9: Resources are used efficiently and effectively' which looks to test whether '*Best Value is delivered and scarce resources are used effectively and efficiently in the provision of health and social care services*.' Consideration should be given to enhancing this section in the annual performance report going forward.

B - Clinical & Care Governance/ Financial Governance/ Staff Governance/ Information Governance

B1 - Key Financial and Information Governance arrangements in place as at year end 2018/19

I. Financial Monitoring Reports were regularly considered by the IJB throughout 2018/19, including details on hosted services' financial position and a projected outturn position.

II. The draft financial outturn position for Dundee Health and Social Care Partnership subject to external audit, based on expenditure to 31 March 2019 showed a net underlying overspend position of ca£1.8M. However, this was covered through the planned use of reserves.

III. The IJB has been kept regularly updated on the preparation of the 2019/20 Financial plan including development events for members. The final version was approved in March 2019 alongside the 3 year Strategic Commissioning plan, which also contains the organisation's first multi-year financial framework.

IV. Following the implementation of the General Data Regulations on 25 May 2018, the IJB received an update on progress. It was noted that Dundee City Council employees are required to complete mandatory e-learning module in data protection regulations and the position with NHS Tayside employees would be established to ensure consistency of approach and that effective resilient processes are in place.

B2 - Key Clinical & Care Governance arrangements in place as at year end 2018/19

I. The IJB and PAC have been regularly informed of Clinical, Care & Professional Governance issues including:

- ◊ Duty of candour – Planned work for the implementation of duty of candour procedure that came into force on 1 April 2018.
- ◊ Outcomes and improvement plans arising from External inspections
- ◊ Annual complaints performance
- ◊ Chief social work annual report 2017/18
- ◊ Dundee Adult Support and Protection Committee Convenors Biennial report 2016-2018 – summary of work undertaken and priorities identified for 2018-2020.
- ◊ Dundee child protection committee annual report 2017/18 – included a summary of work undertaken and identified future priorities. Noted key achievements
- ◊ Clinical Care and Professional Governance Group– mid-year update on progress

II. The overall Governance Reporting Framework for Dundee Care and Professional Governance was also presented to the NHS Tayside Clinical Quality Forum in January 2019 who found this very helpful.

B3 - Key Staff Governance arrangements in place as at year end 2018/19

I. A HSCP Staff forum co-chaired by the Chief Officer and Staff side representative is in place. This group considered a range of subjects during the year, including progress with the Workforce plan, transformation programme & service redesign, as well as topics covering corporate support functions including those of the partners to support the HSCP.

B3- Planned and ongoing Financial Governance developments

I. The Strategic Commissioning Plan outlines a 3 year financial framework. The framework will continue to be refined over the period of the plan as assumptions around cost pressures, funding levels, demographic demand and the pace of transformation are known. The framework estimates a £5.9m deficit in 2019/20, £3.2m deficit in 2020/21 and £3.3m deficit in 2021/22.

II. In order to provide a 2019/20 balanced budget, Dundee IJB requires to identify savings of £5.9m which were outlined in the Proposed Savings Programme 2019/20 reported to the IJB in March 2019. The IJB noted the remaining funding gap of £500k. Given the challenging financial position including the use of reserves in 2018/19 to achieve financial balance, this presents a significant risk to the financial position for 2019/20 and highlights the importance of robust arrangements for both corporate support capacity as well as scrutiny at governance level.

III. As noted under A2 above, given the risk that there is a material shortfall in resources to deliver the Strategic plan, reporting on transformational change to the IJB should reflect its importance to the IJB, focused on providing an overall picture of progress and risks to delivery.

B4- Planned and ongoing Workforce Governance developments

I. Progress in relation to the actions arising from Internal Audit report D06/17 Workforce originally envisaged for August 2018 remains behind schedule.

◊ A formal service level agreement detailing all key corporate services provided to the IJB by NHS Tayside and Dundee City Council has not progressed. The current level of corporate support provided to the IJB continues to be monitored by the DHSCP Management Team.

◊ Following an Internal Audit report, it was agreed that the revised Workforce and Organisational Development Strategy & Plans would be presented to the IJB meeting in April 2019. It is now planned to come to the Integration Joint Board for approval in August 2019. We would stress the importance of this enabling strategy to the delivery of the Strategic Commissioning Plan.

B5- Planned and ongoing Clinical & Care Governance developments

Many of these areas have been identified as requiring development for a number of years but remain outstanding.

I. The Clinical, Care & Professional Governance Framework GIFRE is currently under review across Tayside. Substantial progress has been reported in implementing actions in response to internal audit report D07/17 - Clinical, Care & Professional Governance, but a number of complex issues including hosted services, especially Mental Health, remain.

II.	The development of a Chief Social Work Officer Governance Framework was presented to the IJB. The framework will provide assurances on the quality of social work services. The Chief Social Work Officer will present a 2018/19 Annual Report to the IJB.
III.	An annual report of the Clinical, Care & Professional Governance Group is planned for the June 2019 meeting in line with other governance assurance reports.

B6- Recommended further issues for consideration by management

Many important governance areas where we would expect further development have already been set out in previous audit reports or identified by management and are included in the Governance Action Plan and/or the MSG response.

Detailed recommendations in relation to Information Governance and Finance will be set out in Internal Audit report D04/19 and D05/19 respectively where fieldwork is currently ongoing.

ACKNOWLEDGEMENT

28. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout the year.

A Gaskin, BSc. ACA
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
1.	Last year we recommended that a Governance Action Plan be created to include actions within the annual Internal Audit report, a RAG rating for outstanding issues and include greater clarity on whether the action is on track, remedial action taken and the effectiveness of that action. This Governance Action Plan was now approved in March 2019. Many areas noted here have remained outstanding from previous years. The need for immediate governance improvements has crystallised through the publication of the Ministerial Steering Group (MSG) report, which shows that most of the problems we have identified locally are replicated across Scotland. The IJB submitted its response subject to further revisions in May 2019. Whilst many areas were assessed	We further recommend that the Governance Action Plan is extended so that the implementation of actions arising from the MSG report can be incorporated and monitored, taking account of the considerable duplication between our findings and those of the MSG. It is vital that the Audit Committee regularly monitors progress in implementing the actions arising for the MSG report as well as previously agreed governance actions and is aware of the consequences to the overall control environment of any non achievement. Specifically, the following of our findings should be covered by this action plan and have not been duplicated in a separate action in this report: • Clarification of overall Governance & Accountability arrangements • Use of Directions • Corporate and other support arrangements to address overall IJB capacity • Large Hospital Services and Set	**2**	Agreed – Chief Finance Officer will continue to provide an update to each Performance and Audit Committee of progress of the Governance Action Plan, including actions arising from the MSG Self Assessment. The Integrated Strategic Planning Group will take a lead role in working with Dundee City Council and NHS Tayside to identify specific arrangements and resources to support the progression of the MSG areas for improvement.	Chief Finance Officer – MSG Progress Report by December 2019

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
	as established, with around a 40% as *'Partly established',* proposed improvement actions are included against all proposals. There is considerable duplication between our previous findings and those of the MSG.	Aside Budget • Induction and development for members			
2.	Following on from the work on governance principles, the principles adopted will have implications for the IJB's governance documents, including the Standing Orders, Scheme of (further) Delegation and Standing Financial Instructions.	Whilst governance documents including the Standing Orders have been kept updated, we would recommend that any changes necessitated by a formal agreement on integration governance to be reached should be taken into consideration as part of any future updates as part of a cycle of continuous review.	**2**	Agreed – Arrangements to be made with the Clerk to the Board to ensure regular review of overarching governance frameworks	Chief Officer / Clerk to the Board Ongoing
3.	Last year's Annual Internal Audit report previously noted that it was intended to develop the performance report information into a delivery plan framework to ensure that operational delivery of the new Strategic Commissioning Plan can be	Whilst performance reporting can indicate progress against the organisation's vision and priorities, we would recommend a Delivery plan to track actions which will support implementation of the Strategic Commissioning Plan	**2**	Agreed – Performance reporting continues to evolve and throughout 2019/20 onwards will consider progress of actions within the new Strategic and Commissioning Plan. This will initially be taken forward through the Integrated	Chief Finance Officer (as Head of Finance and Strategic Planning) October 2019

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
	monitored, but this has not as yet come forward to the committee.			Strategic Planning Group for reporting to the Performance and Audit Committee.	
4.	Development events took place during the year, both for the full IJB (primarily in relation to the development of the financial plan) and for PAC members.	We would additionally recommend that a future development session of the PAC considers the use of a formal Audit Committee Self assessment, such as the Scottish Government's Audit and Assurance Committee handbook or the CIPFA "Self-Assessment of Good Practice" for Audit Committees.	**3**	Agreed – Structured induction and development programme to be developed particularly given recent turnover in IJB/PAC membership	Chief Finance Officer October 2019
5.	We previously recommended that the PAC provides a year-end report to the IJB. This is not yet in place.	Any report to be produced should include a conclusion on whether it has fulfilled its remit, delivered the functions delegated to it by the IJB, and its view on the adequacy and effectiveness of the matters under its purview. It should also reflect on any matters of concern for future consideration. This should be provided in future years ahead of consideration of the Governance Statement.	**2**	Agreed as best practice. Report to be planned for the April 2020 IJB meeting	Chief Finance Officer/Chair of PAC April 2020
6.	Minutes of the Dundee IJB and PAC meetings are minimalist and do not provide a record of discussions, questions asked and	We would recommend that consideration be given to how the organisation can ensure that the IJB and PAC minutes and papers provide a full and accurate account of the business undertaken and the assurances	**2**	Agreed in order to ensure full transparency with a balanced approach to recording the essence of discussions to be achieved. Clerk to the	Chief Officer/ Chief Finance Officer / Clerk to the Board

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
	assurances provided which would allow interested parties, including Board members not in attendance, a fuller understanding of the issues.	and challenges at each meeting. Documentation should be sufficiently detailed to ensure members receive sufficient information to identify key issues and areas of concern.		Board/Chief Officer and Chief Finance Officer to develop this approach further	September 2019
	We previously noted a number of instances where a decision taken by the IJB/PAC was not implemented as originally envisaged.	We recommend that consideration be given to providing a formal action points update for each meeting of the IJB and PAC as well as development of an annual workplan to which any reports which are to come forward can be added when agreed.		Action plan for officers already developed for PAC. Consideration to be given to how this could be incorporated within IJB/PAC agendas while providing sufficient time for discussion and debate for substantive meeting items. Consideration to be given to the development of an annual workplan.	Chief Officer/Chief Finance Officer/Clerk to the Board September 2019
7.	As the number of completed audits grows, there will be an increasing number of agreed audit recommendations. Progress on these is currently monitored through the overall Governance Action Plan.	Consideration should be given to establishing an audit follow up process, as distinct from the more high level governance improvement actions currently reported through the Governance Action Plan.	**3**	Agreed – detailed actions arising from internal audit reports currently subject to regular update reporting to PAC. Advice to be taken from Chief Internal Auditor as to key features of implementing an audit follow up process	Chief Finance Officer September 2019

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
8.	Whilst arrangements are not yet sufficiently mature to allow the organisation to conclude definitively on Best Value, the 2017/18 Annual Performance Report set out the organisation's position against 'National Outcome 9: Resources are used efficiently and effectively' which looks to test whether '*Best Value is delivered and scarce resources are used effectively and efficiently in the provision of health and social care services*.'	Consideration should be given to enhancing this section in the annual performance report going forward.	**3**	Agreed – further learning from other IJB's reporting with regards to Best Value to be gained and considered for reflection in the 2019/20 Annual Performance Report.	Chief Finance Officer June 2020

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD FINAL 2019/20 BUDGET**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB31-2019**

1.0 PURPOSE OF REPORT

The purpose of this report is to present NHS Tayside's formal budget offer to Dundee Integration Joint Board in relation to the delegated budget 2019/20 and set out the implications of this and Dundee City Council's Budget offer on the IJB's final 2019/20 budget.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes and adopts the formal delegated budget offer to Dundee Health and Social Care Partnership from NHS Tayside as set out in sections 4.2-4.6 of this report.

2.2 Instructs the Chief Officer and Chief Finance Officer to continue discussions with the Chief Executive and Director of Finance of NHS Tayside in relation to Dundee's prescribing budget allocation as set out in section 4.3 of this report.

2.3 Notes the total value of Dundee Integration Joint Board's delegated budget for 2019/20 as set out in Table 3 of this report.

2.4 Notes the Dundee share of additional Scottish Government funding for Mental Health and Primary Care Transformation Funding as set out in section 4.6;

2.5 Notes the level of unidentified savings within the delegated budget as an implication of the level of resources provided by NHS Tayside and Dundee City Council for 2019/20 set against anticipated financial pressures remains at £546k (as set out in section 4.1.1 of this report) and instructs the Chief Finance Officer to reflect the ongoing financial position through the financial monitoring reports presented to the IJB throughout the financial year

2.6 Instructs the Chief Finance Officer to inform Dundee City Council and NHS Tayside of the significant risk of the IJB being unable to deliver a balanced budget by the year ended 31st March 2020 (as set out in section 3.0 if this report).

2.7 Notes the Dundee share of additional Scottish Government funding for Mental Health and Primary Care Transformation Funding as set out in section 4.6;

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report set out an overall budget for 2019/20 for Dundee Health and Social Care Partnership of £235.9m as noted in Table 4 of this report. As outlined in Report DIJB14-2019 presented to the IJB at its meeting of the 29th March 2019, there is a projected shortfall in the level of savings identified against the anticipated cost pressures within the delegated budget of £546k for 2019/20. The formal delegated budget offer from NHS Tayside as outlined in this report does not impact on this residual funding shortfall.

4.0 MAIN TEXT

4.1 Background

4.1.1 Dundee IJB considered report number DIJB14-2019 (Dundee Integration Joint Board 2019/20 Budget) at the meeting of Dundee IJB held on 29th March 2019 (Article VI of the minute refers). This report set out to the IJB the formal budget offer from Dundee City Council and indicative budget from NHS Tayside given the NHS Tayside budget process was at that time still ongoing. The IJB subsequently approved a list of interventions in order to balance the various cost pressures and financial challenges based on the level of resources anticipated to be provided by the statutory partners in 2019/20. This noted a shortfall in the level of savings required to deliver a balanced budget of £546k.

4.2 Proposed NHS Tayside Delegated Budget

4.2.1 NHS Tayside formally notified the Chief Officer and Chief Finance Officer of the health budget resource in respect of Dundee Integration Joint Board at the end of May 2019 following consideration at the Tayside NHS Board at its meeting on the 25 April 2019. This confirmed NHS Tayside's intention to pass on the full 2.6% uplift to the IJB's recurring budgets as per the overall funding uplift applied to NHS Tayside by the Scottish Government and in line with the Scottish Government's intentions. The uplift figures applied total £2.8m and are therefore consistent with the anticipated position set out in the March 2019 IJB Budget report.

4.2.2 In addition to the uplift, NHS Tayside has provided an additional £532k of recurring funding across Tayside to support increased demand within Prison Healthcare. This service is hosted by Perth and Kinross IJB and the funding will benefit all three Tayside IJB's through removing an emerging budget pressure.

4.2.3 Increases in pension contributions as anticipated to be funded in full by the Scottish Government. Once NHS Tayside has had confirmation of this allocation, a further transfer will be made to the IJB to reflect this additional cost pressure.

4.2.4 The expectation from Tayside NHS Board is that each of the IJB's bring their delegated budgets in to balance in 2019/20, thereby removing financial risk to NHS Tayside in 2019/20.

4.3 Prescribing

4.3.1 As reported during 2018/19 through the financial monitoring process, the prescribing budget continues to be one of the highest financial risk areas within the delegated budget, despite significant progress being made over the last two financial years to radically change the local approach to prescribing. This has been lead through the Tayside wide Prescribing Management Group (PMG) and locally through the Dundee Medicines Management Group, with a programme of cost reductions and service changes designed to restrict and reduce price and volume growth.

4.3.2 Prior to and including 2016/17, the first year of operation of the IJB, NHS Tayside allocated the prescribing budget to local areas based on NRAC (NHS Scotland Resource Allocation Committee) formulae. These are formulae developed through NHS Scotland, used to allocate NHS resources at Health Board level across Scotland. The formulae used for prescribing is available at GP practice level with these figures then being grossed up to an IJB level. The formulae are updated annually to reflect changes in practice populations however during 2017/18 the formulae was updated to include the use of new census data zones and to reflect reviews of components of the NRAC formulae, including the Morbidity and Life Circumstances component of the formulae (with significant impact on areas of both high deprivation and low deprivation.) The impact of applying this in Tayside would have seen Dundee's share of the Tayside prescribing budget increase from 41% of to 43% and would have resulted in a redistribution of £1.5m to the Dundee prescribing budget, to the detriment of Angus and Perth & Kinross.

4.3.3 As part of a move to achieve funding parity, the 2018/19 Dundee prescribing budget was enhanced by a sum of £800k by NHS Tayside on a non-recurring basis as a share of a Tayside wide benefit of an additional £1.2m of funding overall as a result of changes in the NRAC formula. A shared approach to the Tayside prescribing position was taken which saw all 3 Tayside IJB's benefit. For 2019/20 NHS Tayside has decided to allocate this £1.2m to the Tayside IJB's on a recurring basis using the NRAC shares formula which will result in Dundee receiving around £500k of additional funding rather than £800k received in 2018/19. This additional funding would have resulted in the budget shifting to be more reflective of the demands of the local population. The forecast position for the Dundee Prescribing Budget is set out in table 1 below. It should be noted that if Dundee had received the £800k of uplift, the projected deficit would have been around £300k for prescribing in 2019/20.

Table 1 – Dundee Prescribing Budget Projections 2019/20*

	£000
Share of Prescribing Budget	32,395
Add: Prescribing NRAC Share of £1.2m	465
Add: Prescribing Budget Uplift	811
Total Prescribing Budget 2019/20	33,693
Anticipated Spend 2019/20	34,316
Projected Funding Shortfall	623

* Includes Other prescribing

4.3.4 The prescribing budget shortfall presented in table 1 above had previously been built in to the assumptions around cost pressures for 2019/20 as set out in the budget report presented to the March IJB meeting therefore there is no requirement for the IJB to identify further savings to balance this funding as a result of the NRAC £1.2m allocation decision. However if Dundee IJB had received a share of the additional funding based on the needs of its population it would have reduced this funding shortfall and reduced the required level of savings. It is recommended that the IJB instructs the Chief Officer and Chief Finance Officer to continue dialogue with NHS Tayside on this issue.

4.4 Impact of Hosted Services – Mental Health Inpatient Services

4.4.1 Perth & Kinross IJB as host authority continues to work in partnership with Dundee, Angus and NHS Tayside, to reduce the significant cost pressures associated with the Inpatient Mental Health Service and General Adult Psychiatry. Reducing these pressures is associated with the major service redesign programme which the IJB supported in December 2017 (Report DIJB49-2017, Mental Health & Learning Disability Redesign Transformation Programme – Consultation Feedback Report).

4.4.2 The three year financial plan for the Inpatient Mental Health Service is currently under development and this is anticipated to be presented to Perth and Kinross IJB by September 2019. The service incurred a deficit of around £1.3m in 2018/19 and it is currently anticipated that this position is likely to be repeated in 2019/20. The impact to Dundee of any residual overspend for these services is around 40% of the total Tayside figure, resulting in an unbudgeted financial pressure of approximately £520k. This presents a significant risk to the IJB in being able to achieve a balanced budget in 2019/20 and this position will be monitored closely throughout the remainder of the financial year with mitigating actions identified and reported back to the IJB within future revenue monitoring reports.

4.5 Large Hospital Set Aside

4.5.1 An indicative figure for the Large Hospital Set Aside provided by NHS Tayside was included within the IJB's 2018/19 annual accounts based on a combination of activity information and direct costs of the specialties included within the large hospital set aside following Scottish Government correspondence. It was acknowledged that the methodology used for 2018/19 needs to be developed further during 2019/20 in order to provide a better insight into the local populations' consumption of the specialties within the large hospital set aside. This work continues to be taken forward at both a local and national level.

4.6 Impact of Scottish Government National Funding Allocations

4.6.1 The local allocation of funding being provided nationally in Primary Care and Mental Health Services for 2019/20 is noted in table 2 below. Proposals for investment of these funds through the Primary Care Improvement Plan and Mental Health Action 15 plans will be presented to the IJB.

Table 2

Fund	Dundee Share £k
Primary Care Transformation	1,630
Mental Health	504

4.7 Dundee City Council Budget Allocation Update

At the time the Dundee City Council budget allocation was laid out to the IJB in March 2019, the Scottish Government's distribution of the £30m national funding to support the implementation of Free Personal Care for Under 65s had not been finalised. This allocation is now available and Dundee's share of the funding is £834k which has now been included in Dundee City Council's delegated budget on a recurring basis.

4.8 Reserves Position

4.8.1 The IJB's draft unaudited accounts for 2018/19 indicates a net reserves position of £2.766m and this position will be confirmed once the audited accounts are available at the end of September 2019. After consideration of ring fenced Scottish Government funding and funding already committed, there is little flexibility available to the IJB during 2019/20 to meet unexpected pressures or further transformational change as follows:

Table 2 – Provisional IJB Reserves Position (as at 31 March 2019)

	£000
Value of Reserves per unaudited accounts	2,766
Less: Ring Fenced Scottish Government Funding	(1,505)
Less: Already Committed	(700)
Balance Remaining	561

4.9 Dundee IJB Delegated Budgeted Resources 2019/20

Factoring all of the above results in a combined financial resource for the delegated budget for 2019/20 of £235.9m as noted in Table 3 below:

Table 3 – Dundee Health & Social Care Partnership Delegated Budget 2019/20

	Dundee City Council	**NHS Tayside**	**Total Proposed Budget 2019/20**
	£m	£m	£m
2019/20 Baseline Budget			
Hospital & Community Based Services	73.6	78.1	151.7
Family Health Services Prescribing*		32.4	32.4
General Medical Services*		43.0	43.0
Large Hospital Set Aside (value tbc)		Tbc	Tbc
Total Baseline Budget	**73.6**	**153.5**	**227.1**
Add:			
Inflationary Uplifts (less review of charging – council only)	1.9	2.8	4.7
Prescribing NRAC Share		0.5	0.5
Funding for Additional Posts	0.1		0.1
Investment in New Scottish Govt Legislation/National Policy (share of £160m)	4.4		4.4
Primary Care/ Mental Health Innovation Funding/ADP Funding		2.1	2.1
Less: Funding Reduction	-3.0		-3.0
Total Budgeted Resources 2019/20	**77.0**	**158.9**	**235.9**

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2019/20 therefore the risks should be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services - Dundee City Council, Deputy Director of Finance - NHS Tayside and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	✓

9.0 BACKGROUND PAPERS

None.

DATE: 29 May 2019

Dave Berry
Chief Finance Officer

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	**Reference**	DIJB31-2019
2	**Date Direction issued by Integration Joint Board**	25 June 2019
3	**Date from which direction takes effect**	1 April 2019
4	**Direction to:**	NHS Tayside & Dundee City Council
5	**Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)**	Yes
6	**Functions covered by direction**	All delegated services.
7	**Full text of direction**	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2019/20 as to the future provision of these services.
8	**Budget allocated by Integration Joint Board to carry out direction**	Dundee City Council - £77m NHS Tayside - £158.9m
9	**Performance monitoring arrangements**	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	**Date direction will be reviewed**	31 March 2020

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ITEM No …13……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB33-2019**

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2018/19 and seek approval for the implementation of the Dundee Primary Care Improvement Plan for 2019/20.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the positive progress to implement the Dundee Primary Care Improvement Plan 2018/19 in the first year of delivery (attached as Appendix 1) and noted in Section 4.3;

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2019/20 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3;

2.3 Instructs the Chief Officer to issue directions to NHS Tayside to implement with immediate effect the specific actions relevant to them in Appendix 1;

2.4 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 4.2;

2.5 Instructs the Chief Officer to provide a further report on progress made in the second year of delivering the Dundee Primary Care Improvement Plan to a future IJB;

2.6 Notes that a Tayside Primary Care Improvement Plan 2019/20, incorporating the Dundee Primary Care Improvement Plan, will be submitted to the Scottish Government following approval by the relevant parties including Dundee IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (the Dundee Plan) for 2018/19 was agreed by the IJB in 2018 (report DIJB26-2018, article V of the minute of the meeting held on the 27th June 2018 refers , and report DIJB45-2018, article IX of the minute of the meeting held on the 28th August 2018 refers). There has been significant slippage in the planned expenditure to date, as a number of areas of delivery have been delayed in terms of a service delivery start date. The actual spend is detailed in table 1 below.

3.2 The development of the Dundee Plan and the associated financial plans for 2019/20 are detailed in Appendix 1 and summarised in the table below. These figures continue to change as learning is gained from the tests of change that are taking place and the models being developed evolve. Should all services develop within the timescales initially proposed, there is a risk that the fund will be over committed for 2019/20 but given the level of slippage experienced in year 1 there is likely to be a further pattern of slippage in year 2. This position will be monitored closely through the IJB's financial monitoring process. The 2019/20 figures also include a provision for the financial impact associated with the increase in staff costs such as employers superannuation contributions. It has not yet been confirmed how this increase will be funded for Primary Care Improvement Fund posts therefore any additional funding allocated for this purpose would reduce the pressure on this fund. The figures for staffing are based on the timescales that posts are required but the recruitment issues are such that there is a significant risk that not all posts will be filled and therefore we are not expecting to have any financial pressures at the end of year 2. The modelling work done to date has however highlighted that the Primary Care Improvement Fund will not be sufficient, in isolation of other resources, to deliver all the contract commitments beyond 2019/20. This position will continue to be monitored and will be a feature of future budget discussions.

Table 1

Commitment	2018/19 Actual £k	2019/20 Proposed £k
Funding Available (incl c/fwd)	£1,421.5	£2,748.4
Vaccination Transfer Programme	£75.6	£217.4
Pharmacotherapy Services	£207.6	£567.6
Musculoskeletal Services	£0	£219.6
Mental Health Services	£6.3	£248.3
Link Workers/Social Prescribing	£0	£187.0
Urgent Care	£43.0	£487.2
Care and Treatment Services	£50.6	£613.8
Premises, Infrastructure & IT Systems	£0	£111.0
Workforce Planning and Development	£0	£57.0
Provision to Fund Staff Costs Increases	£0	£164.2
Less: Estimated Slippage in Expenditure		(£124.7)
Total Expenditure	£383.1	£2,748.4
Variance (Carried Forward)	£1,038.4	-

4.0 MAIN TEXT

4.1 Context

4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report DIJB51 – 2017, article IX of the minute of the meeting held on the 19th December 2017 refers) and the implications of the General Medical Services (GMS) contract and related memorandum of understanding (report DIJB-2018, article IX of the meeting held on the 27th February 2018 refers). The Primary Care Improvements Plans consists of a Tayside wide Primary Care Improvement Plan (the Tayside Plan) which sets out the high level regional and local improvements. This Tayside Plan is expressed locally at a Dundee level through the detailed Dundee Primary Care Improvement Plan (the Dundee Plan).

4.1.2 This paper details the progress against the actions set out in year 1 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 2 (2019/20). The Tayside Plan, incorporating the Dundee Plan, requires approval by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was presented in June 2018 (report DIJB26-2018, article V of the minute of the meeting held on the 27th June 2018 refers) and in August (report DIJB45-2018, article IX of the minute of the 28th August 2018 refers) a more detailed Dundee Plan was agreed. This report updates these plans and sets out the priorities for implementation in year 2.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans which must be delivered between 2018 -2021:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Community Link Workers (referred to as social prescribers).

4.1.4 As noted previously a number of national documents provide further context regarding the national planning to support reform within health and social care. All are key enablers for delivery of the new GP contract:

- Premises - as outlined in the National Code of Practice for GP Premises, a new model for general practice premises is planned within 25 years, whereby GPs will no longer be expected to own their own premises.
- Information sharing arrangements - The Information Commissioners Office (ICO) now accepts that GPs are not the sole data controllers of the GP records but are joint data controllers along with their contracting NHS Board.
- Workforce - The National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland, provides guidance on workforce planning to support the reform of primary care.
- Mental Health - Action 15 of the Mental Health Strategy allocations have been announced bringing a further £11m nationally to improve availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. The developments linked to mental health are outlined elsewhere.

4.2 Dundee Governance

4.2.1 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group supports work at a regional level, ensuring sharing of practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local sub groups which lead the development of the service areas. Given the breadth of the range of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.2.2 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The DPCIG has responsibility for the distribution and monitoring of the use of the Dundee allocation of the Primary Care Improvement Fund.

4.3 Progress

4.3.1 Overall progress in year 1 has focused on agreeing new models of delivery and establishing the foundations required for these changes. There has been a significant amount of work to develop new roles and job descriptions. Delays with the latter have had an impact on the delivery of services to date.

4.3.2 The progress against all the key areas is outlined in Appendix 1. All areas have progressed. For some aspects this has been limited, in line with the original plan, as a number of areas were prioritised for year 1. All areas are now in a position to be able to build on year 1 work and increase the pace of change in year 2. Key achievements include:

- The midwifery team are now undertaking vaccinations for pregnant women as part of their care
- The Pharmacy Locality Team are working with practices to ensure that patients prescribing is accurate after discharge from hospital
- A new Care and Treatment Team has been established who will manage wound care for patients. This is being tested in one GP cluster currently.
- The Integrated Care Home Team is undertaking a new urgent care role to assess patients in care homes rather than a GP. This is being tested in two GP practices and their linked care homes.
- Specialist paramedics are working in three GP practices to assess people who are acutely unwell at home, when appropriate, instead of GP's.
- A new service, Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, is seeing patients who present with mental health and wellbeing issues, in two GP practices.

4.3.3 Where workforce recruitment and development has been a key challenge in year 1 it is anticipated that this will remain the case in year 2. The pharmacy team is one example of this. In Dundee there has been very limited success in recruiting to new pharmacy posts, however there has been some success in recruiting pharmacy technicians. The pharmacy team are considering how they best meet the challenge of delivering the pharmacotherapy service with the ongoing recruitment challenges, and are looking at new roles which may support developments of this. This flexible approach to the development is seen across all teams involved in the delivery of the Plan.

4.3.4 One of the key challenges going forward in year 2 onwards is the availability of appropriate space to deliver services from. These services include those detailed in paragraph 4.1.2. A paper on the requirements for primary care premises in Tayside was submitted to Tayside Asset Management Group in May 2019 highlighting the need for investment in premises to meet this agenda, in the short, medium, and longer, term. Without this there will be a major challenge to delivery. One example of this is in the Broughty Ferry area where we have very limited public space of any kind, and extremely limited space in practices.

4.4 Plans for 19/20

4.4.1 The Scottish Government in their guidance for 2019/20 Primary Care Improvement Plans have emphasised the requirement for:

- Plans to be based on population healthcare needs, considering existing service delivery, available workforce and available resources.
- Evidence of option appraisals in support of any recommendation to continue delivery of services by general practice through locally agreed contract options.
- Reconfigured services to continue to be delivered in or near GP practices, to support continuity of care.
- Clear description of local actions related to workforce planning and supply and how potential gaps will be addressed.
- Provision of information about patient engagement.

- Health Board plans for premises developments to support provision of new services models within primary care and digital infrastructure developments.
- Clear overview of local monitoring and evaluation processes.

4.4.2 Plans in Dundee are evolving and are outlined in Appendix 1, with the current estimate of costs. Key aspects of this include:

- Developing immunisations for flu in a different way, particularly for children.
- Expanding the pharmacy locality team to support the developments outlined in the GMS Contract, and including testing of new roles.
- Expand the wound care service to other clusters and add new services in to the breadth of care and treatment
- Expand the teams supporting urgent care, with the development of a more cluster based approach to home visits, supported by advanced practitioners.
- First Contact Physiotherapy Service will be delivered in a number of locations across 2 clusters
- The Link Worker team will review how they can support across practices.
- The PALMS service will be evaluated and rolled out to a further 6 practices, based on the evaluation findings

4.4.3 The national commitment is to complete the improvements by April 2021. Given the scale and pace of change required to implement the improvements, there remains a level of significant ongoing risk. These risks are detailed in section 6.0.

4.4.4 Teams are undertaking a range of ways of ascertaining feedback from those using the new services. A regional communications and engagement plan is being developed and a local plan will be used in conjunction with this. There will be increased involvement of local communities as teams consider where services will be delivered in more detail. Wider consultations have included aspects of primary care delivery, including within the Transforming Tayside engagement, and including local service reviews affecting practices.

4.5 Next Steps

4.5.1 Reporting to the Scottish Government on progress is 6 monthly and the first reports have been submitted. The updated Tayside Primary Care Improvement Plan 2019/20, incorporating the Dundee Plan will be submitted subsequent to approval by the IJB. Delivery against each of the service areas will continue to develop and will be monitored by the Dundee PCIG as outlined above.

5.0 POLICY IMPLICATIONS

This paper has been screened and there are no significant implications of the paper.

6.0 RISK ASSESSMENT

The following key high level risks were identified in paper DIJB26-2018 and remain current, with some changes to mitigating actions. Risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. More detailed risks are noted in appendix 1.

Risk 1 Description	There is a significant risk that Dundee may not recruit or develop the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, including pharmacy, nursing and Allied Health Professionals (AHPs). This will directly impact on the delivery of services described.
Risk Category	Workforce, operational
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training will support this but not within the timescales of the 3 year plan.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Planned Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Approval recommendation	This risk should be accepted.

Risk 2 Description	There is a risk that we will have inadequate infrastructure to support the delivery of the Plan, both in terms of IT infrastructure and systems, and buildings/premises.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Investment in IT infrastructure and systems need to be prioritised to allow dependant aspects of delivery to progress. A test of change is due to start in June but is not funded beyond this initial test. There are financial implications for both software and hardware which are currently not funded and cannot be funded from PCI Fund. Some services may need to be delivered from practice premises. A series of works will be required in 19/20 to create some space but is unlikely to meet requirements into 20/21.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

Risk 3 Description	There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources. This will impact the scale and pace of roll out of services across the city.
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.
Residual Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20
Planned Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

The Clinical Director, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	✓
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 May 2019

Shona Hyman
Senior Manager
Service Development & Primary Care

David Shaw
Clinical Director

Dundee Health & Social Care Partnership

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB33-2019
2	Date Direction issued by Integration Joint Board	25 June 2019 (or does it remain the original date (28 Aug 2018)
3	Date from which direction takes effect	25 June 2019
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB45-2018
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	Not applicable
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	June 2020 (or earlier if required)

DUNDEE PRIMARY CARE IMPROVEMENT PLAN 2019-20

The Dundee Primary Care Improvement Plan (PCIP) sits alongside the Tayside PCIP agreed for 2018-21, as well as any subsequent revisions to that initial 3 year plan. Table 1 details the key local actions which have been taken in 18-19 and outlines the actions planned for 19-20. It also notes the current spend in 18-19 and an estimate of likely spend in each area for 19-20, as reasonably accurately as possible at this stage of planning. It is important to note that the programme is constantly evolving as tests of change are completed and the programme implementation is refined going forward.

A summary of each of the areas is noted below.

1. Vaccination Transformation Programme (VTP)

VTP is a regional programme and Dundee Health & Social Care Partnership (H&SCP) support the NHS Tayside commitments. Childhood immunisations have been further rolled out to include areas previously not covered including mop up immunisations from school programmes and the 2-5 year old flu programme, while pregnant women will now be receive their pertussis immunisation from the community midwifery service. The flu programme is more complex, partly due to the seasonal nature of the programme, with most immunisations being delivered over a 3 month period. For this reason, adult flu immunisations will be delivered by the VTP programme in one cluster within Dundee in 19/20. The delivery of the flu programme will in future link with to care and treatment teams. National work on travel services is awaited to inform this area of care.

2. Pharmacotherapy Service

Pharmacotherapy is a regional programme and Dundee H&SCP support the NHS Tayside commitments. There has been an increase in support to practices with new posts being integrated into the locality pharmacy teams. However recruitment issues are creating ongoing challenges to the development and roll out of the service. There is a significant risk that the full pharmacotherapy service will not be implemented by the end of year 3.

3. Musculoskeletal (MSK) Services

There has been limited progress in year 1 but plans are now in place to roll the service out, assuming successful recruitment and space being identified. The new model will need substantial revision if the test of IT systems is not successful.

4. Mental Health Services

Dundee H&SCP have tested initial assessment and triage for patients presenting with mental health issues. This programme currently excludes children... PALMS (Patient Assessment and Liaison Mental Health Services) has started in 2 practices with the psychology team delivering the initial consultation instead of a GP. As part of this work pathways of care are being reviewed and how referrals across the system are made to try to streamline and simplify where possible, increasing the access to the right services first time. This will be compared with alternative models in the other areas of Tayside and based on this broader perspective the model will be rolled out across other practices/clusters as capacity/ funding is available. There is likely to be a significant challenge for workforce development/ recruitment of this aspect of delivery, regardless of the professional who does the initial assessment. We are therefore unable to commit to full roll out in 3 years. This area of delivery links to developments within mental health, and is linked to funding for Action 15 of the national Mental Health Strategy, and is aligned with the link worker programme.

5. Link Workers/Social Prescribing

The existing link worker team have remained in post in 18-19 working to the previous criteria described by the Scottish Government, (who have also provided most of the funding in 18-19). Going forward this will change as the teams role changes to reflect the PCIP and funding, to allow support across practices. Further recruitment is not anticipated at this stage but that creates challenges around redesign of the team.

6. Urgent Care

Dundee H&SCP have developed 2 aspects of urgent care supporting those living in care homes, and those at home. Initial work on both of these models is positive with the key challenge being how to scale this up going forward. There are significant challenges as to how we can develop both the infrastructure and workforce to deliver the service across Dundee.

7. Care and Treatment Services

Dundee H&SCP have built on the work and experience of current teams to develop new roles in care and treatment. There have been delays in getting new posts developed and filled but tests are underway, and should build up quite quickly over year 2. The rapid identification and acquisition of adequate premises is like to be a key issue for this area of care, given the numbers of staff involved.

8. Premises, Infrastructure and IT Systems

A number of pieces of work are being progressed on a Tayside wide basis which will inform planning within Dundee for this aspect of delivery. The review of non-acute care project in Dundee is a major programme of works that includes plans to undertake a comprehensive review of all GP (and other primary care, local authority and 3rd sector) premises to assess suitability and sustainability. This will inform longer term planning of sites going forward, particularly as we look to develop new models of care in communities. Included within the scope of this programme is the proposal to provide three further heath and community care centres in Dundee. In relation to immediate priorities, we will shortly begin to identify underutilised spaces in existing facilities which, with some investment, could be utilised/used differently.

In terms of information developments and management there is recognition of the requirement for significant cultural change and a need to use technology to support different ways of working. There will be an increased need to use mobile devices and patient data will need to be shared and communicated more commonly across services. In order to allow safe and efficient patient care in an environment where that care is delivered not just by a GP practice, but also by a range of additional services, there is a need for, easily understood, easy to use, data sharing policies and practices that support the safe sharing of confidential patient information. These developments will help to create a more mobile and more flexible workforce. The systems we use are not currently suited to the proposed new models of working, primarily due to lack of interoperability, and will need to be developed, along with the necessary network, hardware and licensing required for this. Aspects of this will be tested in the redesigned Lochee Health and Community Care Centre.

9. Workforce Planning and Development

Recruitment and retention of GP's is being led at a Tayside level but we need to adopt a flexible approach to GP recruitment given the issues currently faced.

Much of the focus of the plan is on roles which can work alongside GP's, across a wide range of professional groups. This is clearly detailed in the Tayside plan. However we need to consider how this works alongside wider developments, especially for our local workforce, in Dundee. There are ongoing challenges with recruitment and development of the workforce, especially for advanced practice roles.

10. Sustainability/Scalability

Developments need to be both sustainable and achievable at scale. This is challenging for some aspects of the workforce in particular. However if we do not set off with a vision we will never achieve the degree of progress we require to support care in the most effective way longer term. We will continue to build on tests of change, aiming to increase the scale and pace of change in year 2 and into year 3. Current planning has identified that there is not adequate resource to deliver at scale.

11. Practice Staff Development (in general practice)

- Practice admin role is being developed as new roles are tested supporting a range of the new services.
- Development of nursing roles around advanced practice, disease management etc, including ANP
- Consideration needs to be given to creating a team around the patient

12. Evaluation

A number of audits have been undertaken which will inform baseline data. A Tayside framework for evaluation is being developed.

13. Communication and Engagement

Communication and engagement is key to the success of much of the change being proposed, alongside involving our local communities in shaping our plans. Key messages will be developed on a Tayside basis for public messaging around the culture change required for accessing services. More detailed plans will be developed around communication and engagement for each part of the development as more detailed plans are progressed, to ensure that how the plan is delivered is co-produced.

14. Funding

There has been a significant underspend in year 1 of the programme, as the focus has been on developing new models of care and testing in limited scale projects, prior to spreading these across the city. The rate of change will increase in year 2 and into year 3. By year 3 it is anticipated that other sources of funding will need to be identified to support delivery models. (It is of note this is a significant increase in superannuation from this current financial year. It is unclear if funding from the Scottish Government will be uplifted for this, or if it will need to be absorbed into the overall budget. The latter would obviously decrease the number of posts that could be recruited to.)

Table 1

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
1 Vaccination Transformation Programme (regional approach)	Children's immunisation team expanded to cover all childhood immunisation Midwifery service started to deliver pertusssis as planned and will deliver flu from this autumn	Daniel Chandler	75.6	Pre-school flu to transfer for 19/20 flu campaign Mop up of primary school flu from practices to be completed Midwifery team now in position to deliver flu for pregnant women Flu for over 65's and under 65's at risk to be tested in one cluster in Dundee	217.4	Ongoing issues with information systems and ability to share/record data in a timely manner. Staff recruitment and retention in the children's immunisation team Risk that lower uptake rates with any change could increase risk of a major outbreak Ability to identify staff to deliver the flu vaccine over a short time period (ie traditional recruitment will not work as required for 3 months)
2 Pharmacotherapy Services (regional approach)	Limited recruitment to posts and staff turnover in the team meant little increase in capacity overall by year end Test of change completed in 2 Dundee practices, and learning shaped planned next steps A new role of a "pharmacy assistant" being developed to support implementation as a result of the test of change	Jill Nowell/ Elaine Thomson	207.6	Roll out of initial level 1 work to be completed by July (immediate discharge letters) Roll out phase 2 of level 1 work, outpatient letters and ad hoc queries	567.6	Recruitment of trained pharmacists, and technicians, has been an ongoing issue. There is an increasing pressure because of the national development of this service where all boards are looking to recruit pharmacists. Developing processes which can be used by shared teams that work flexibly with practice process is an issue

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	Planned roll out of first aspect of level 1 – medicines reconciliation – planned with practices to be completed in 18/9 progressed					
3 Musculoskeletal (MSK) Services	1 physio started in February 2019 Work undertaken to redesign current team to support work on an ongoing basis Scoping of pathways and communications to support delivery Worked with IT colleagues to develop solution to working in a context outwith the practice, and interim arrangements now agreed	Mat Perrott/ Matthew Kendall	0	Suitable space in some of cluster 1 practices now identified and plan to start service from April 19 MSK team skill mix and roles reviewed to support new role in team going forward Recruit additional staff so that 4 WTE physios in post by end of 19/20 Complete test of change with proposed IT solution, as part of wider test of change for Vision Anywhere Consider the impact on other parts of MSK pathway, and assess level of resource released (if any) in the pathway	219.6	Developing skill mix in teams who are not based together, and where practitioners may be the only person in a team working from a specific location. Providing a service which can replicate the accessibility of general practice for acute presentations will be challenging 5 days/week, 52 weeks/year Recruitment and retention of suitably qualified staff to proceed with the roll out to clusters 3/4 –see below Lack of identified permanent space within cluster 2 locality If the proposed Test of Change using Vision Anywhere doesn't support the requirements of the service in terms of appointments systems and access to shared information systems – will result in reduced flexibility system across the clusters and risk the

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
						development of the proposed cluster model
4. Mental Health Services	Completed an audit with cluster 4 practices of demand for GP appointment for mental health and wellbeing issues. Started test of assessment for initial contact by MH team (clinical psychologist) as pilot –Patient Assessment and Liaison Mental Health Service (PALMS) in February in 2 practices Working with Listening Service (Do You Need to Talk) and Link worker to ensure these services integrate well within the practice and patient seen by person for that time Have worked with practice teams, esp reception team, to ensure that patients can be rerouted to PALMS for first contact Links to MH&WB SPG established, and planning linked to MH Action a15 monies to look at overall	Arlene Mitchell/ Linda Graham	6.3	Recruit an additional 3 WTE posts within the psychology team, but at different bands, to start to establish the level of skill mix required to support this across Dundee Evaluate the pilot of PALMS, including assessing how much work has shifted from GP's, patients perception of the service, value of wider support provided by the PALMS team to clinician, and onward referral impact Consider the requirements based on practice size and how develop a model to meet demand on a sustainable basis Consider how deliver the service when no space in practice and needs to be a community based model.	248.3	Recruiting skilled mental health professionals, even with an increasing degree of skill mix, is challenging Sits with wider work to support action 15 of the mental health strategy and requires to be integrated with that. This also creates a number of opportunities to consider pathways of care more broadly. Space in practices is an issue for this service in particular as a key component if face to face support of professionals in the practice team around mental health care delivery.
5. Link Workers/Social Prescribing	The current link worker team have continued to support 14 Dundee practice under the existing criteria, and with current source of funding.	Sheila Allan	n/a	Develop a new model to allow the team to work with a wider range of practices, who currently do not meet the criteria for the team based on the practice deprivation profile,	187	Changing the criteria to support all Dundee practices, rather than the 14 currently funded, has the potential to destabilise the team

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	processes for recording, monitoring and evaluation in EMIS web have been agreed team working with some practices to encourage signposting and referral aspects of social prescribing in those practices ongoing work to consider how people (patients and professionals) access information which can support their health and wellbeing needs, including links to national directories being developed			recognising the challenges this brings in potentially diluting the impact of the team in current practices. Review the skill mix in the team, developing new roles if required. Evaluate any changed criteria Work with the PALMS service to initially test new criteria in one practice Work with key stakeholders to develop and maintain local directories which meet the needs of both professionals and the public Support practices to consider role of staff in signposting and referral, based on test work in one practice		and reduce the impact of the service. Agreeing a different skill mix for the SOS team requires to be tested to assess impact Local directories can build on both national and local systems, but needs adequately supported/resourced . Welfare rights team are working with a number of practices but a number of competing priorities mean that this is not feasible for all practices.
6. Urgent Care	Review ECS and DECSA to consider how maximise the initial assessment of frail/older people when unwell/ deteriorate, is underway but not complete The integrated care home team are supporting varying needs of those in care homes. This includes up skilling of current nursing team to take on a more advanced role, and developing a	Shawkat Hasan/ Jenny Hill	43	Pathways of care for frail and older people who are supported by ECS/DECSA will continue to be reviewed and evolve Recruit an additional 2 staff for the care home team to allow further roll out to practices of the care home visit requests. This is well integrated with the way the team work to support people in care homes.	487.2	Getting a job description for a new post in the care home team has been problematic and delayed this change There is limited availability of specialist paramedics, ANP's, or a nurse consultant, who can undertake this work. These may need to be developed as trainee roles initially which will delay

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	greater skill mix in the team. A test started in September with one practice and one care home is now rolled out to a second practice and several care homes. The team have not yet been able to recruit additional staff to support this work due to issues with the development of job descriptions, but the team have managed to release capacity form other work to support this, for this test. A model for urgent care for those not in care homes has started to be tested in 3 practices with a specialist paramedic role. This has been 1 WTE (but 3 people) who have worked in 1 practice each to develop this service. This continues to evolve as learning is gained, but requires further development. The development of a nurse consultant to support this work has not progressed as the job description is not yet agreed. This post is critical to developing a wider model. An audit of home visit requests was completed for cluster 1 and then 2 to inform the demand for this work. There is agreement in principle to work with the out of hours service to consider how we best provide urgent	Jenny Hill/ Shawkat Hasan		Complete test of change with specialist paramedics and consider implications for the further model. Test specialist paramedic model across a cluster, developing an infrastructure that supports that. Continue to develop a more of urgent care with practices. Aim to have 8 advanced practitioners in post by the end of the year, with admin support, to deliver the service to 2 clusters. This ideally would be a split between paramedics and nurses, but may include other professionals. There is a significant amount of work to develop this model, including IT support and a range of governance and safety issues. Finalise and recruit to nurse consultant post to support clinical delivery of this service and support the development of advanced practitioners, as we know we will not be able to recruit staff with the skills for all these posts. Work with colleagues in OOH and SAS to consider how we best use our skilled workforce to support urgent care, such as considering joint posts and training.		implementation to the degree planned. There is significant demand for roles at advanced practice setting in a range of settings, including practices, out of hours and core ambulance service. NHST does not have a well developed infrastructure to support the development of advanced practitioners in the numbers required to support PCIP, across workstreams. However urgent care is the area most reliant on this. There is not yet agreement as to how to reconcile efficient use of an urgent care team with effective communication to practices, where the practice, and GP, will retain a critical role in caring for complex frail patients.

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	care and the day and week, as shared staff may be beneficial.					
7. Care and Treatment Services	Agreement the team will integrate longer term with a number of other teams who deliver community based nursing care. Working with staff, and unions to look at the redesign of these teams. Leg ulcer care now supported by the team across all practices in Dundee, noting however there is a waiting list currently as demand has been higher than expected. A test of wound care has started for one cluster and will be rolled out once further staff are in post. Models for ear care under development. Pathways for phlebotomy under development An audit by practice based nursing staff was completed looking at all the care delivered by nursing teams in one week. This has informed the model development and costing/staff projects in going forward. Delivery has been constrained by available space.	Beth Hamilton/ Gail Andrews	50.6	Continue the redesign and integration of the teams identified to makeup the care and treatment team going forward. Continue to recruit to all staff levels required going forward, basing this on learning around skill mix and roles. This may include the development of new job descriptions not yet identified. Test a model for delivery of phlebotomy, recognising the need for local access for people to this frequent service. Aim to shift around half of bloods currently undertaken by practices by end of year 2 Work with colleagues across Tayside to consider how those test requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place Develop and test a model for ear care Roll out wound care to all clusters.	613.8	Availability of space in community venues, and general practice, will limit how we can develop the expanded MDT as described in the contract. The numbers of staff to shift all key areas seen as part of care and treatment services is such that the roll out of the service will be constrained by space rather than staff. If the test of Vision Anywhere demonstrates that key areas information to support care cannot be shared there is a risk to the programme developing, or a need for dual data entry, which is inefficient.

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	Close links to the redevelopment of Lochee building to support new ways of working and integrated teams.			Start to develop models of care for additional areas of care, such as cryotherapy, and spirometry		
8. Premises, Infrastructure and IT systems	We have worked with colleagues to consider the premises we have available to support primary care work and have input this to both the Dundee HSCP Property Strategy, and to the NHST Primary Care Property Strategy, (both of which are almost finalised.) A number of actions have been progressed to survey buildings in a range of ways, to start to identify if there is any free space, or space which can be utilised differently. This is only partially complete. A range of activities have been undertake to promote the use of technology to support health care delivery. This is still relatively limited in its impact. Have scoped with e-health colleagues the requirements for an information system to support new models of working. Agreed test of change for a federated model of Vision Anywhere linked to this. Funding secured for this initial test for the software elements.	Tracey Wyness/ Arnot Tippet	0	Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres , based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed. Survey existing primary care facilities to identify underutilisation of accommodation which could be used, with funding for minor works where appropriate, to provide some additional capacity for care and treatment services. Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams are increasingly geographically based Continue to support the roll-out of the various tests of change for care and treatment services in Lochee	111	In year 2 we are likely to be unable to expand he delivery of a number of services as we have been unable to identify adequate space that is fit for purpose either in general practices, or other community based buildings. There is a specific issue in the Broughty Ferry area of Dundee. The lack of community hospital infrastructure in Dundee gives very limited community space. Funding any new building requirements is likely to take a number of years, if it is possible at all. A number of premises have been identified that could be adapted to provide services from but they also require some funding, although in some cases this is not high. If there is not a comprehensive way across the city of identifying space some residents will have a much poorer service in relation to access than they may have

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	Have supported the redevelopment of Lochee to move towards a more integrated care and treatment centre, including additional funding to allow further tests of change and new ways of working.			Support the roll out of national scale up of Flo to support BP monitoring. Undertake a test with Attend Anywhere to assess its impact on GP workload locally. Assess the learning from the use of e-consult on GP's time which will be tested as part of the Lochee redesign. Agree if it is useful to scale this up further. Continue to work with e-health colleagues to test Vision Anywhere, assess its impact and manage its scale up if identified as the preferred solution.		had if their practice were still delivering the service. It cannot be assumed that space will be freed up in practices as the time spent in activities that are being moved to other teams will be replaced with different activities within the practice, which will require space/premises. The use of technology has a stronger base in some clinical areas than others, and is not widely accepted by all clinicians as useful.
9. Workforce Planning and Development	In conjunction with service managers and professional leads have progressed new and expanded roles, both in primary care teams and general practice settings, across a range of professions and work streams Services have continued to evolve their workforce plans as tests of change have informed models going forward Where existing teams are being redesigned both HR and staff side colleagues have been involved in this process	N/A	0	Work with HR colleagues to consider innovative ways of attracting new staff to work in the services involved, including in core general practice. Link with wider NHST developments for advanced practice to develop a sustainable model for development of advanced practitioners, increasing the pace of this change to try to meet demand Scope the overall workforce requirements, and refine this as learning evolves of new models and roles.		There is a significant risk that we will not be able to develop or recruit the workforce we require to deliver the GMS contact at scale by April 2021. There is competition across teams locally for skilled staff, and significant staff movement can destabilise core teams.

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	There has been significant work undertaken to recruit and retain GP's, including the career start model. The model continues to be effective, although limited in its overall impact given the number of vacant GP posts, particularly in Dundee Have had delays of several months in developing and getting agreement on new job descriptions, for a range of reasons. Have been unable to fill all the post advertised in some workstreams, particularly pharmacotherapy, despite the increased skill mix approach Have outstanding work in relation to progressing a job description and role development framework for a nurse consultant for urgent care			Work closely with practices to consider opportunities for practice staff in the new services, while aiming to minimise any impact on practice stability, recognising that the changes can create uncertainty as to future roles Work with Dundee practice managers to develop practice based roles and skill, particularly for admin and reception staff. Consider options to support those staff whose posts may be directly impacted by the shift of work from general practice to other settings. Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader. Continue to support GP recruitment and retention, including career start.	57	
10. Sustainability/ Scalability	Programme and project management has been managed locally within current resources, at service or H&SCP level. This has led to some delays and gaps as there has been limited capacity to focus on this work.	Project Leads/ Shona Hyman	Not costed	Review options to increase support for managing the PCI programme across Dundee Work with finance colleagues and project leads to identify if new services create capacity in other parts of the patient pathway and		The modelling undertaken to date has identified that the resource from the new PCIF will not adequately resource the scale of change needed to deliver all the services.

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
	Consideration of how services can be redesigned, or additional resource identified, to deliver this at scale have been reviewed and developments planned taking cognisance of this.			therefore potentially release resource which can support wider scale up of the services involved. Identify with finance colleagues other sources of funding to allow roll out at scale		
11. Practice Staff Development	The role of admin and reception staff has been identified as key to the success of the programme going forward. A range of aspects have been tested in different practices. The reception role in assessing patients' issues and the best professional to support care is being tested for both mental health and MSK developments. Reception staff in one practice have had training signposting and referral linked to social prescribing, and this will be built on going forward. A new role for a pharmacy assistant has also been identified. A more comprehensive piece of work has not progressed as the national practice admin collaborate had not reported in this time frame.	Various	0	Support the development of new roles for practice admin staff, in conjunction with practice managers. Build on learning from the practice admin collaborative, utilising the newly published toolkit. Share local learning which supports this agenda. Work with colleagues across sectors to consider the evolving roles for practice nurses, recognising the uncertainty as well as the opportunities that the current changes create, particularly around care and treatment services. Ensure that roles which may impact on practice staff are advertised to allow these staff to be considered for the posts.		There is variation across practices as to how they have historically developed reception and admin staff. This wider role development may have implications for pay scales in the staff group involved, which practices may not feel they can fund.

Commitment	Actions delivered 18-19	Lead Officer	18-19 spend £k	Actions to be delivered 19-20	Proposed spend (estimates) £k	Risks/Issues
12. Evaluation	A Tayside evaluation group has been agreed to support evaluation of the programmes. The LIST team have supported a number of audits to help inform the development of new services, including looking at demand and feeding into workforce requirements.	TBA	Nil direct	Agree consistent patient measures and a framework for this to sit within. Repeat audits to assess impact of service changes. Link with colleagues in e-health to ensure that reporting is built in to IT system developments		Delays in agreeing a consistent framework may mean that there is a lack of baseline data to measure against.
13. Communication and Engagement	Services have involved patients in informing their models as they plan and test changes to the new services. A number of opportunities have been utilised to speak to wider groups about the changes in service delivery. Initial scoping for wider communications, to both professional stakeholders, and the public is underway. Practices are changing their messages in relation to some of the new services they provide.	Comms Team	Nil direct	Agree a plan for wider public engagement in addition to the specific service and practice engagement already taking place. Agree on a Tayside basis some key public messages around changes to service delivery. Ensure that engagement with the patient group involved is a core part of any of the service changes.		Lack of programme management capacity has led to limited communication with key stakeholders, including the public. There is no national public campaign which highlights the change to service delivery being seen across the country. Key messages, similar to some of those seen for community pharmacy roles would be helpful.

ITEM No …14……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 25 JUNE 2019**

REPORT ON: **CARERS (SCOTLAND) ACT FUNDING INVESTMENT PLAN 2019 – 2021**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB28-2019**

1.0 PURPOSE OF REPORT

1.1 This report provides information about progress with implementation of the Carers Strategic Plan, Carers (Scotland) Act 2016 implementation and seeks approval for the Carers (Scotland) Act Investment Plan 2019 - 2021.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes progress made in implementing the Carers Strategic Plan outlined at section 4.1.3 of the report.

2.2 Notes the intention for the use of the Carers (Scotland) Act Funding 2019 – 2020 as described in described in sections 4.2 and 4.3.

2.3 Approves the Carers (Scotland) Act Funding 2019 - 2020 Investment Plan for 2019 - 2020 as attached at Appendix 2.

2.4 Remits the Chief Officer to issue the directions set out in section 8.0 of the report and as attached at Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 Additional funding for the implementation of the Carers Act has been provided nationally as part of the additional £160m investment in social care by the Scottish Government included in the 2019/20 local government finance settlement. This is additional to funding provided by the Scottish Government in 2018/19. The total available funding to support implementation of the Act for Dundee Health and Social Care Partnership is £535k in 2019/20 which has been planned for as part of the IJB's 2019/20 budget. The Scottish Government has set out funding estimates for each year post implementation of the Act.

3.2 The Carers (Scotland) Act additional investment for 2019 - 2020 as set out in Appendix 1 amounts to £252,896 for period 2019/2020 with £262,896 continued in to 2020/21 to continue to build capacity to deliver the Carers (Scotland) Act 2016 and the Carers Strategic Plan. This is additional to the investment plan totalling approximately £282k agreed by the IJB for 2018/19.

4.0 CARERS (SCOTLAND) ACT FUNDING INVESTMENT PLAN 2019 – 2021

4.1 Update on the Implementation of the Carers (Scotland) Act 2016 within Dundee

4.1.1 In Dundee, we recognise the significant and vital contribution that Carers make in supporting people they care for. Over the next few years changes in resources available, patterns of demand and support to Carers and the person they care for is anticipated. Our central task throughout this period is to focus on identifying, listening to, supporting and empowering unpaid Carers, of any age, in Dundee.

4.1.2 To ensure we maintain this focus, the Dundee Carers Strategic Planning Partnership (the Partnership) has produced a Carers Strategic Plan (the Plan) and implemented the Carers (Scotland) Act 2016 during the period 2017 - 2019. An update in relation to progress in implementing the Carers (Scotland) Act 2016 and Carers Investment Plan 2018 – 2019 was ratified by the Dundee Integration Joint Board on 18th December 2018 (Article XIV of the minute of the meeting, report DIJB67-2018 refers).

4.1.3 Significant progress has been made in implementing the Carers Strategic Plan during the period 2017 – 2019 which includes: -

Priority	Progress
I am Identified, Respected and Involved	We have implemented a range of activity to increase identification and involvement of Carers: - ✓ Multi-agency guidance and a learning programme to promote the identification and support to Carers. This will be implemented during 2019 – 2020. ✓ Clauses within commissioned services contracts to have a responsibility to identify and signpost Carers to appropriate supports. ✓ 'Carers Voice', which is a Carers Involvement Group, as a means of engaging with and involving Carers in the planning and shaping of services. ✓ Carers of Dundee communications campaign to promote awareness of Carers.
I have had a Positive Caring Experience	We have implemented a range of activity to enable Carers to have positive experiences which includes: - ✓ Supporting the redesign of services to enable Carers to feel that services for the person they care for are well coordinated, joined up and integrated. ✓ A Dundee Carers Charter which sets out commitments to all Carers in Dundee. ✓ Peer Support to enable Carers to learn from each other's experiences, skills and use this learning so that being a Carer in Dundee is a positive experience.
I can live a Fulfilled and Healthy Life	We have implemented a range of activity to enable Carers to live a fulfilled life which includes: - ✓ Promoting Carers health checks a means of preventing ill health and promoting Carers health, wellbeing and resilience. ✓ A Carers of Dundee website and Information Advice service to provide a range of advice and training to Carers in Dundee. ✓ Caring Places to provide direct access support to Carers in localities across Dundee and enable a shift towards early intervention and prevention. ✓ A health and wellbeing service for Carers to improve their mental health and provide support to Carers affected by a suicide.
I can balance my life with the caring role	We have implemented a range of activity to enable Carers to live a fulfilled life which includes: - ✓ Supports to Young and Adult Carers through Young Carers Statements and Adult Carers Support Plans. ✓ Promoting Carer Positive Award to support Carers in employment. Dundee

	City Council, NHS Tayside and Dundee Carers Centre are Carer Positive. ✓ Developing a short breaks statement and a direct access short breaks service. ✓ Implementing the Carers (Scotland) Act 2016

4.1.4 Our progress, which includes impact on Carers and Carers Outcomes, will be demonstrated by the Dundee Carers Partnership Performance Report 2017 – 2019 which will be published in July 2019.

4.2 Carers Investment Plan

4.2.1 To maximise use of resources to support Carers, an integrated budget and investment plan was developed to evidence how all funding allocated towards Carers enables the Partnership to support Carers to achieve their outcomes and achieve priorities set out in the Carers Strategic Plan, Carers (Scotland) Act 2016 and the Dundee Health and Social Care Partnership Strategic Commissioning Plan.

4.2.2 The Carers Partnership Investment Plan highlights:

- The Carers (Scotland) Act duties relating to information and advice, support to Carers including short breaks are met but further investment is required to ensure duties relating to involving Carers, implementing adult carer support plans and updating of the carers strategic plan are met.
- Our commitment towards promoting improved outcomes and reducing inequalities for Carers through investing in initiatives which enable a shift towards early intervention and preventative support is met but further investment is needed towards supporting Carers to improve their wellbeing and access personalised formal support where this is needed.

4.2.3 Due to this the priorities for additional investment through the Carers (Scotland) Act 2019 – 2020 were identified as a Partnership for further developing: -

- Advocacy and involvement support which enables Carers to be involved in design and development of services for people cared for.
- Support to Carers and cared for persons to improve their health, wellbeing and independence, reduce inequalities and cope with loss and bereavement.
- Support to Carers to access personalised formal support following an adult carer's support plan.
- Support which enables update of the Carers Strategic Plan and update of the Carers Eligibility Criteria in line with legal requirements.
- Digital and technology developments which promote accessibility and sustainability of service provision.

4.3 Carers (Scotland) Act Investment Plan 2019 - 2021

4.3.1 The budget for implementation of the Carers (Scotland) Act 2016 for Dundee Health and Social Care Partnership in 2019/ 2020 is £535k which has been planned for as part of the IJB's 2019/20 budget. Of the £535k, £281,732 has already been committed as follows: -

Commitment	Amount
Projects agreed through Carers Investment Plan 2018 – 2019 for continued funding into 2019 – 2020 (Article XIV of the minute of the meeting 18th December 2018, report DIJB67-2018 refers)	£139, 656
Projects agreed for mainstreaming through the Carers (S) Act 2016 funding. (Article VI of the minute of the meeting 29th March 2019, report DIJB14-2019).	£142,076
Total	£281,732

4.3.2 Additional investment is proposed through use of Carers (Scotland) Act Funding 2019 – 2020 in line with priorities identified in the Act and Strategic Plan to the value of £252,896

- Early intervention health and wellbeing digital advice and workforce development to build capacity to promote Carers and Cared for Person's health, wellbeing and resilience.
- Co-design of Carer's involvement and advocacy support to enable Carers to be involved in the planning of support for cared for persons.
- Strategic support to enable an update of the Carers Strategic Plan, Eligibility Criteria and implementation of actions in the Strategic Plan.
- Implementation of Adult Carers Support Plans across Dundee Health and Social Care Partnership.
- Continuation of projects were previously funded through the NHS Tayside Carers Information Strategy which were continued relating to development of support to involve Carers and the development of locality based information and support to Carers through Dundee Carers Centre Caring Places Initiative. These projects were agreed for funding through Carers (Scotland) Act 2018 – 2019 for the period 2018 – 2019 (Article XIV of the minute of the meeting 18th December 2018, report DIJB67-2018 refers).

4.3.3 In order to ensure effective governance in relation to the monitoring of progress against investment outcome measures, bids will be tendered in relation to the projects and a Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). As part of the Service Level Agreement each organisation will be expected to: -

- Embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards.
- Build capacity to support Unpaid Carers.
- Reduce health inequalities and promote early intervention and prevention approaches which promote Carers outcomes.

4.3.4 The Carers (Scotland) Act Investment Plan 2019 – 2020 amounts to £252,896 for period 2019 – 2020 with £262,896 continued to the Carers (Scotland) Act Investment Plan for period 2020 – 2021 to continue to build capacity to deliver upon the Act. The Investment Plan 2019 – 2021 is attached at Appendix 1.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to support provision implementation of the Act.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Carers Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

See Appendix 1.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	x

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 14th June 2019

Alexis Chappell
Locality Manager

Appendix 1

DIRECTION FROM THE DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB28-2019
2	Date Direction issued by Integration Joint Board	25 June 2019
3	Date from which direction takes effect	25 June 2019
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Services for carers in terms of the Carers (Scotland) Act 2016 Investment Plan.
7	Full text of direction	Dundee City Council is directed to enter in to contractual arrangements with all relevant service providers and make provision for services to be provided directly by the council as identified in the Carers (Scotland) Act Investment Plan for the delivery of those services required for the implementation of the Act. NHS Tayside is directed to make provision for services to be provided directly as identified in the Carers (Scotland) Act Investment Plan.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council – 2018/19 - £227,896 NHS Tayside – 2019/20 - £25,000
9	Performance monitoring arrangements	Through the financial monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	June 2020

Appendix 2

CARERS INVESTMENT PLAN 2019 – 2020

Number	Investment Priority	Service to be Delivered and Organisation	Anticipated Investment (2019- 2021)	Anticipated Investment Measure Outcome
1.	Carers Involvement and Engagement	Carers Advocacy and Involvement Service	Year 1 £25,000 Year 2 £50000	✓ Increased identification and awareness of Carers. ✓ Increased engagement and involvement of Carers in redesign and strategic changes. ✓ Carers are supported to provide their views and be involved in the decision making and planning for the person they care for. ✓ Co-design and development of a range of advocacy options to enable Carers to be able to be involved in decision making and planning for the person they care for. ✓ Co-design peer support advocacy and involvement service with former and current carers. ✓ Enhanced support and training to carers in involvement roles including carers voice ✓ Arrangements developed which enables effective implementation of and sustainability of the project. ✓ % of Carers who state that they have a say in development and design of services. ✓ % Carers who state they feel identified, included and respected.
2.	Early Intervention Health Inequalities	Health and Wellbeing Digital Advice and Training Service (Corner)	Year 1 £25,000 Year 2 £25,000	✓ Increased Young Carers and Young Adult Carers health, wellbeing and resilience. ✓ Increased identification, awareness of and engagement with Carers. ✓ Provision of support to Young Carers to improve their mental health and wellbeing. ✓ Development and implementation of a digital multi-agency toolkit, factsheet and e-learning materials and app which provides advice and information regarding health and wellbeing. ✓ Promotion of Carers Health Checks, Carers Positive and Local Carers Charter ✓ % Carers who feel well and healthy ✓ % Carers who feel supported
3.	Strategic Support	Strategy and Performance (Dundee Health and Social Care Partnership)	Year 1 50,000 Year 2 50,000	✓ Co-produce a pre assessment information booklet /checklist that enables individuals to identify that they are Carers. Publish the booklet via Carers of Dundee website. ✓ Implement Carers Census and government return. ✓ Update ACSP and check in person cared for outcomes assessment and briefing sessions. ✓ Undertake workforce surveys

Number	Investment Priority	Service to be Delivered and Organisation	Anticipated Investment (2019- 2021)	Anticipated Investment Measure Outcome
				✓ Develop and implement Carers procedures ✓ Implement a consistent approach to recording and evidencing Carers personal outcomes and views. ✓ Update Carers Partnership Strategic Plan and Strategic Outcome Plan in partnership with Carers organisations. ✓ Co-design an update to Carers of Dundee Information Factsheets with Carers and front line practitioners. ✓ Develop a range of media options to communicate information in factsheets to a wide range of Carers and practitioners. ✓ Co-design and deliver a digital toolkit, factsheets, e-learning and group learning programme which provides information, advice and support regarding independent living options, rehabilitation and use of equipment and adaptations with Carers, supported persons and front line practitioners.
4.	Support to Carers	Adult Carers Support Plan Implementation (Dundee Health and Social Care Partnership)	Year 1 – £20,000 Year 2 - £30,000	✓ Implementation of Adult Carers Support Plans across Dundee Health and Social Care Partnership. ✓ Quality assurance, governance and audit in relation to implementation of the Plans. ✓ Implementation of Self Directed Support ✓ Test emergency planning and adult carers support plans and self-referral factsheets and refine based on learning from test. ✓ Co-design digital access to adult carer support plans and informal support with carers and front line practitioners.
5.	Early Intervention and Carers Involvement and Engagement	Carers Involvement and Support to Carers (Dundee Carers Centre) (Previous CIS Funded Projects	Year 1 - £132, 896 Year 2 - £132, 896	✓ Increased identification and awareness of Carers. ✓ Increased engagement and involvement of Carers in redesign and strategic changes. ✓ Carers are supported to provide their views and be involved in the decision making and planning for the person they care for. ✓ Provision of information and advice to Carers in localities across Dundee ✓ Enable Carers to access community based supports, education and employment. ✓ Engage with local communities to build capacity and maximise support to Carers.

Number	Investment Priority	Service to be Delivered and Organisation	Anticipated Investment (2019- 2021)	Anticipated Investment Measure Outcome
				✓ % Carers who feel supported. ✓ Early identification of Carers and prevention of crisis situations

Additional points agreed:

- Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations).
- All the organisations awarded funding will be expected to embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards and policies and practices which protect children and adults, including vulnerable women.
- All the organisations awarded funding will be expected to build capacity to support Unpaid Carers.
- All the organisations awarded funding will be expected to reduce health inequalities and promote early intervention and prevention approaches which enable Carers to be identified and access timely support.
- All the organisations awarded funding will be expected to enable Carers to have positive experiences and achieve their personal outcomes.

ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **PROPOSAL TO DEVELOP A DUNDEE AND ANGUS COMMUNITY AND SCHOOLS EQUIPMENT LOAN SERVICE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB26-2019**

1.0 PURPOSE OF REPORT

1.1 This report provides information about the Dundee and Angus Community Equipment Loan Service and the proposal to further develop the service to a Dundee & Angus Community & Schools Equipment Loan Service.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Approves, in principle, the proposal to proceed with development of a Dundee and Angus Community and Schools Equipment Loan Service.

2.2 Instructs the Chief Officer to further progress discussions with Dundee and Angus Councils, the development of a Dundee and Angus Community and Schools Equipment Loan Service and to report back to the IJB on the outcome of discussions.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee Health and Social Care Partnership will realise ongoing efficiency savings as a result of the creation of a Dundee and Angus Community and Schools Equipment Loan Service.

4.0 PROPOSAL TO DEVELOP A DUNDEE AND ANGUS COMMUNITY AND SCHOOLS EQUIPMENT LOAN SERVICE

4.1 Dundee Community Equipment Loan Service and Independent Living Centre

4.1.1 The Dundee and Angus Community Equipment Loan Service and Independent Living Centre is a partnership between Dundee and Angus Health and Social Care Partnerships. The service is hosted by Dundee Health and Social Care Partnership.

4.1.2 The Loan Service provides, delivers, installs and maintains a range of equipment to people of all ages living in Dundee and Angus to help them to manage day to day living to minimise intervention and maximise independence. Equipment provided by the Joint Community Equipment Loan Service will have been prescribed by Occupational Therapists, Nurses, Physiotherapists or Occupational Therapy Support Workers using established Criteria and Guidance.

4.1.3 The Independent Living Centre provides information, advice and a demonstration service to public, users, carers and professionals on all aspects of equipment, health improvement, self management and opportunities for social inclusion. The Centre also ensures professionals of all disciplines have access to up-to-date equipment for demonstration and assessment purposes and provides a training environment for staff and the public in the use of equipment.

4.2 Dundee and Angus Community and Schools Equipment Loan Service Proposal

4.2.1 Currently equipment is provided to children in schools as a partnership between NHS Tayside and Dundee City Council and Angus Council Education and Children and Families Service.

4.2.2 As part of the merger of the Dundee and Angus Equipment Loan Services, Angus and Dundee City Councils Education Services intimated that they would be interested in becoming partners within the Dundee and Angus Equipment Loan Services.

4.2.3 It is likely that this further merger could have long-term benefits for Dundee and Angus in relation to:

- Improving experiences of children and adults through achieving continuity of equipment provision across both community and school settings.
- Improving outcomes for children and adults through continuing to promote use of equipment to maximise independence.
- Reduction in ongoing infrastructure costs such as building and equipment safety associated with Dundee and Angus Independent Living Centre, Loan Service and Store.
- Reduction in spend on equipment as a result of economies of scale and bulk-buying power. Standardise the type and range of equipment provided across both community and schools.

4.2.4 These benefits would mean that the service would be able to realise cost savings to all partners without affecting the range, quantity and quality of equipment provided within Dundee.

4.3 Risks Associated with the Proposal

4.3.1 Risks associated with a potential merger have been identified and actions considered to mitigate the risks are addressed. The risks are:

- The Dundee and Angus Equipment Loan Service and store is well established and consistently performs well in relation to delivery and collection of equipment, recycling and customer satisfaction. The risk of a merger is that this performance is negatively affected and therefore Dundee and Angus citizens experience poor service provision.

- Dundee and Angus Children and Families Services may wish to have flexibility in relation to their future provision but the Dundee and Angus Partnerships requires certainty regarding future provision.

- Any merger may have financial risks to Dundee and Angus Partnerships both in terms of initial set up costs associated with a merger and long term risks should Angus decide to remodel in the future.

4.3.2 To mitigate these risks, a Partnership Agreement will be implemented. This will set out how Dundee and Angus Partnerships performance will be maintained, financial model, the expectations and arrangements in relation to a Dundee and Angus Community and Schools Equipment Loan Service and minimum length of the joint service including a reasonable notice period for any planned exit which includes recovery costs to Dundee and Angus Partnerships should this occur.

4.4 Next Steps

4.4.1 As a Partnership we have taken a collaborative and solution focused approach to change and this has supported the further developments proposed above. Over the next year it is planned to implement an updated business plan so that the service continues to focus on developing the service to meet outcomes and at the same time achieve efficiencies in how the service is delivered.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a there are risks in relation to impact on Dundee and Angus Loan Service current delivery and financial position as described.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing a partnership agreement by end July 2019 to mitigate risks.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officers in Dundee Health and Social Care Partnership and Angus Social Care Partnership; Education Departments in Angus and Dundee; and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	**x**
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 May 2019

Alexis Chappell
Locality Manager

ITEM No …16……..…..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 25 JUNE 2019**

REPORT ON: **SUBSTANCE MISUSE SERVICE REDESIGN UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB25-2019**

1.0 PURPOSE OF REPORT

1.1 To provide an update about the progress with the redesign of Substance Misuse Services.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the Substance Misuse Service Redesign progress described at section 4 of this report.

2.2 Requests a report on progress with the Redesign Programme in 12 Months.

3.0 FINANCIAL IMPLICATIONS

3.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and the Dundee Alcohol and Drug Partnership.

4.0 MAIN TEXT

4.1 Background to Substance Misuse Redesign

4.1.1 It is our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover. In addition, that we intervene early to prevent a negative impact of substance use on citizens of Dundee, children, families, carers and communities.

4.1.2 The Substance Misuse Redesign Plan was approved at Dundee Integrated Joint Board on 18th December 2018 with a request to submit a report on progress in June 2019 (Article XIII of the minute of the meeting, report DIJB66-2018 refers). The redesign is supported through use of six principles which aim that a new operating model for Integrated Substance Misuse Services (ISMS) should be:

- Based in localities across Dundee and available over 7 days and at evenings to improve accessibility, reduce inequalities and support people in employment.
- Holistic, person centred and focused on enabling people to recover, achieve their personal outcomes and be protected from harm. This includes proactively engaging with individuals to support their recovery.
- Underpinned by excellent governance arrangements so that an assurance is provided regarding the quality, safety and effectiveness of the advice, support, treatment and information provided and delivery of evidence based clinical pathways.
- Implemented collaboratively so that people experience well-coordinated support which is integrated from their perspective.
- Organised from a single referral point in localities using integrated documentation so that we make effective use of resources available to support recovery and protect people from harm.
- Responsive to Carers and family members, so that Carers and family members receive the support they need to continue in the caring role.

4.1.3 The substance misuse redesign programme interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. In particular, the substance misuse redesign programme supports the delivery of the Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021, the Substance Misuse Strategic Commissioning Plan 2018 – 2021 and Unscheduled Care Programme.

4.1.4 To support effective delivery and development of partnership arrangements the redesign is implemented through four key projects:

Project 1 Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover)

Project 2 Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital)

Project 3 Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change)

Project 4 Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse)

4.2 Progress with the Service Redesign

4.2.1 Over the past two years, the focus has been on establishing a culture of collaboration and the organisational conditions that will support and enable implementation of a sustainable recovery orientated system of care which enables citizens of Dundee to recover and live a fulfilled life. Progress is as follows: -

Operational and Clinical Leadership (All Projects)	Strengthened operational leadership arrangements by implementing: - ✓ Integrated senior leadership roles (East and West Integrated Managers Substance Misuse and First Contact; Hospital Discharge Improvement and Carers) to enable effective leadership of change and redesign. ✓ Locality Team Leads who will provide first line management of the locality integrated substance misuse services. ✓ A second Consultant Psychiatrist specialising in Substance Misuse so that there will be a full time Consultant Psychiatrist in East and in West Dundee from September 2019 who can provide locality based Clinical Leadership and increase prescribing capacity. ✓ A second Clinical Psychologist so that will be a Clinical Psychologist in East and in West Dundee from October 2019 who can both deliver psychological interventions and increase mental health support available by providing training on psychological interventions to health, social care and third sector staff who support people who use substances.
Recovery, Health and Wellbeing (Project 1)	Strengthened our focus on enabling recovery in localities across Dundee by implementing: ✓ East and West Dundee Integrated Health and Social Care Locality Substance Misuse Services through reconfiguration of previously separate teams and integration of medical, psychology, nursing, social work and support worker workforce. As part of this, East and West Managers have instigated pathway developments with partner agencies to develop holistic supports in local communities from a single referral point which enable people to recover. ✓ Improved efficiency and safety in relation to screening, assessment, risk management and care planning through implementation of an enhanced Multidisciplinary Team Meeting and all health and social care staff using the same IT and documentation. ✓ Improved accessibility through a direct access drop in assessment clinic which has supported 100% compliance with HEAT A11 targets. ✓ Testing of support which promotes engagement with services and promote independent living particularly where there is a risk of harm. As a next

	step, third sector housing support services are now in process of integrating with East and West Dundee Integrated Health and Social Care Locality Substance Misuse Services to further enhance a multi-disciplinary team approach to recovery. ✓ Testing of a model which establishes multi-agency approaches to working with and managing risk. A dedicated lead officer is now in place to enable this development to further develop and embed within the city.
Recovery, Health and Wellbeing – Clinical Interventions (Project 1)	Strengthened our focus on enabling recovery by using realistic medicine, evidenced based practice, and clinical governance to underpin the clinical aspects of the redesign. This has led to the following based on learning from clinical governance: - ✓ Addressing underuse of higher value interventions, by increasing buprenorphine prescribing. ✓ Reducing the overuse of interventions which may cause harm by liaising with GP's to review gabapentoid prescribing for individuals at increased risk of overdose. ✓ Establishing an ISMS non-fatal overdose pathway which incorporates Consultant review and holistic multidisciplinary review of risk management and care planning. As a next step, funding has been provided to Gowrie Care to develop non-fatal overdose pathways across third sector services to compliment this development. ✓ Improving access Survive and Thrive for people who use substances. Survive and Thrive is a psycho-educational course which is designed for people who are experiencing the psychological and emotional difficulties which can result from life experiences often described as complex trauma. ✓ Revising the psychological and prescribing components of a community recovery programme. Feedback indicates that 97% of attendees would recommend the community recovery programme to others. ✓ Reducing did not attend rates for ISMS psychology assessments through use of the multi-disciplinary screening and assessment. ✓ Opiate substitution prescribing pathway. ✓ All cause mortality rates have reduced within ISMS by 10% from 2017 to 2018 and continued to fall in 2019.
Support to Carers and Family Members (Project 1)	Strengthened our focus on supporting Carers in localities across Dundee by working in partnership with Dundee Carers Centre and Dundee Carers Partnership to implement: - ✓ Direct access support which Carers can access across localities of Dundee. ✓ Direct access short breaks support for Carers. ✓ A partnership with Dundee Carers Centre Lifeline Project to support Carers and family members affected by substance misuse.
Discharge Management and Unscheduled Care (Project 2)	Strengthened our focus on enabling recovery through developing integrated working in acute hospital settings by implementing: - ✓ An integrated substance misuse hospital liaison and hospital discharge management service through the Integrated Discharge Hub. ✓ A multi-agency pathway group to develop integrated approaches towards enabling people who use sub ✓ Stances to be discharged when they are well, recover and prevent readmission. ✓ Tests of change to use accommodation which will support discharge and assessment as to longer term options which improve outcomes.
Integrated Governance and Infrastructure (Project 3)	Strengthened our approach to governance through promoting a learning culture and continuous improvement by implementing: - ✓ Integrated health and social care clinical, care and professional governance and reporting arrangements linked to DHSCP governance

	framework. ✓ Recording of service and organisational risks on datix and an integrated escalation framework. ✓ Monitoring of and updating of third sector contracts with a focus on outcomes, quality of service provided, collaboration and personalisation. ✓ Professional practice development forums. ✓ Learning from Local Adverse Event Reviews, complaints and feedback. ✓ Development of a balanced scorecard to monitor performance against key local and national targets in partnership with Alcohol and Drug Partnership.

4.2.2 The changes made over the last year have demonstrated that increased access and choices of treatment and support can deliver improved outcomes. The priorities over the next year are to focus on: -

- Reviewing learning and recommendations from the Mental Health Inquiry, Drugs Commission and national research to inform continuous improvement of substance misuse services.
- Building workforce capacity by completing a 5 year integrated workforce plan by October 2019. This will set out workforce projections, workforce development and skills mix needed to deliver integrated health, social care and third sector east and west substance misuse services. This includes setting out how we will transform nursing roles to build capacity and capability for advanced nurse practice and non-medical prescribing.
- Coproducing with service users, carers and partners a model which enables delivery of early intervention, recovery focused support and locality based services over 7 days from a single referral point as part of East and West Substance Misuse Services by implementing a Public Social Partnership (PSP) and continuing to implement multi-agency locality service development events. Funding has been received from the challenge fund to provide support to a PSP.
- Continuing to focus on improving outcomes, choices and experiences by further embedding the lead professional working with risk model, self-directed support and personalisation across all substance misuse services
- Continuing to use realistic medicine, evidenced based practice, and clinical governance to underpin the clinical aspects of the redesign and through promote recovery.
- Further developing support to Carers and family members affected by substance misuse through third sector substance misuse and carers services.
- Further developing partnership arrangements and pathways with key partners which includes pharmacies, prisons, mental health, children & families, neighbourhood services and wider third sector.

4.3 Risks Associated with Substance Misuse Delivery

4.3.1 Substance misuse services continue to experience service and organisational risks in relation to service delivery during the redesign process.

4.3.2 The current key risks, and actions to address, which have been recorded on Datix include:

- There is increasing patient demand which includes insufficiency of current staffing levels to meet new and existing demand, rising unallocated cases and limited flow from the service. The appointment of agency and temporary staff and the implementation of an escalation plan have supported the interim management of this risk. However, this is not a sustainable way to manage this risk over the long term and further options are being considered.

- There are insufficient numbers of ISMS staff with current prescribing competencies, inclusive of nursing and medical staff. Funding for six nursing posts which will include a non-medical prescribing role has been approved to support this. Recruitment to these posts was challenging and due to this trainee posts were established and recruited to develop capacity in relation to nursing posts which will include a non-medical prescribing role within the service.
- The ability to monitor protection concerns is reduced as the team are not able to review patients as regularly as they would with a full staffing establishment. Attendance at Case Conferences is prioritized where possible and short notice attendance/report requests will be provided verbally. Locality Integrated Managers with responsibility for substance misuse will continue to promote joint working across the Health and Social Care Partnership and Children & Families Services to agree actions and approaches which support protection of children and families.
- There are concerns about the service ability to adhere to the timescales within the Adverse Event management policy due to the high volume of incidents and the reduced number of clinical staff. We have taken pragmatic approaches to thematic reviews and sought assistance from the Clinical Governance Team to progress the completion of Adverse Event Management processes.
- As a result of a range of both internal and external pressures, staff morale is currently low and Occupational Health and the Wellbeing Service are being used to support staff though this challenging time.

4.3.3 These service risks have been escalated through Dundee Health and Social Care Partnership Governance Group throughout 2017 – 2019 and further escalated to the Clinical Quality Forum in 2019.

4.3.4 Risks in relation to service delivery noted on Datix have also been provided to the Dundee Alcohol and Drug Partnership (DADP) to support the development of the DADP Drug Death Action Plan.

4.4 Costs Associated with the Service Redesign Program

4.4.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and Dundee Alcohol and Drug Partnership.

4.4.2 It has been supported through the Scottish Government Investment Plan approved at Dundee Integrated Joint Board on 30th October 2018 (Article XI of the minute of the meeting, report no DIJB56-2018) and 18th December 2018 (Article XIII of the minute of the meeting, report DIJB66-2018 refers). The investment plans aims to build capacity across health, social care and third sector services to develop a recovery orientated system of care.

4.5 Summary and Conclusion

4.5.1 A redesign of substance misuse services has been implemented to support our ambition that people using substance misuse services will have access to the information and support that they need to live a fulfilled life and recover.

4.5.2 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support the redesign. This has included strengthening leadership and development of multi-disciplinary working. The focus for 2019 – 2020 will be to further implement the redesign programme and investment plans to collaboratively develop a recovery orientated system of care and to respond to the outcome of the Drugs Commission. In addition to continue to develop actions to mitigate risks during the period of the redesign.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to undertake the redesign
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Substance Misuse Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 May 2019

Alexis Chappell
Locality Manager

ITEM No …17……..…..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **PROPOSED MODEL OF CARE FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS – BUSINESS CASE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB29-2019**

1.0 PURPOSE OF REPORT

This report provides the business case for the proposed model of care for older people with mental health needs, including dementia, that was outlined in the Remodeling Care for Older People report presented to the Integration Joint Board in June 2017 (Article XIII of the minute of the meeting held on 27 June 2017 refers). The national strategic direction for these changes is outlined in the Scottish Government's Reshaping Care for Older People policy, Scotland's National Dementia Strategy (2017 - 2020) and The Future Model of Residential Care for Older People (2014) with the local strategic direction set through the Dundee Frailty Strategic Planning Group.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the content of this report and the remodelling which has taken place to support older people with mental health needs, including dementia, as described in Section 4.1.

2.2 Approves the business case as outlined in the report in Section 4.2 and the associated financial framework as noted in section 3.0

3.0 FINANCIAL IMPLICATIONS

The financial framework, shown below, sets out the levels of investment required to deliver the change in service delivery model. The net financial saving resulting from the service remodelling of £311k has been reflected in the IJB's Revenue Budget 2019/20 savings programme as part of the Review of Community Based Health and Social Care Services.

	£
Revised Hospital Based Model for Older People with Mental Health Needs	3,218,204
Proposed Additional Community Based Services Model	362,739
Total Costs of New Model of Care	3,580,943
Current Budgeted Cost of Hospital Based Psychiatry of Old Age	3,892,082
Net Resource Release	311,139

4.0 MAIN TEXT

4.1 Current Position

4.1.1 As outlined in the Remodeling Care for Older People report (DIJB21-2017), services face the combined challenges of increased demand for care, an ageing population, with associated co-morbidities and pressures on funding. In response to these challenges the Dundee Health and Social Care Partnership (DH&SCP) is progressing improvement work to modernise pathways of care in partnership with other care providers. These remodelled integrated pathways of care are breaking down the boundaries between hospital and non-hospital care and moving care into communities.

4.1.2 Work has been undertaken through the Frailty Strategic Planning Group and with wider engagement with a broad range of stakeholders, to develop models which will support care being delivered around the older person rather than the person moving around the care system.

4.1.3 To support people with mental health needs, including dementia, these improvements included creating Community Mental Health Teams, further developing Local Authority Care Homes to support people with complex needs relating to mental health needs, including dementia, providing Post Diagnostic Support for People with Dementia and developing a Multidisciplinary Care Home Team.

4.1.4 A Post Diagnostic Team was established to ensure support is available to everyone who is diagnosed with dementia for the first year. The model of support is based on the Alzheimer's Scotland 5 Pillar Model. Dundee has achieved national recognition for this work.

4.1.5 For people with more complex needs, Community Mental Health Teams have developed over a number of years. We currently have two multidisciplinary teams with a range of professionals including Nurses, Social Workers, Occupational Therapists, Psychologists, Psychiatrists and Pharmacists. This ensures a comprehensive assessment is provided and personalised care and support is provided to people with complex needs in their own homes.

4.1.6 Many people with mental health needs, including dementia, require a care home placement and outcomes historically were not as good as we would have wanted with high levels of hospital admission and re-admission. To address this we have developed an Integrated Care Home Team. This is a multidisciplinary team which provides a growing range of support and advice to the care homes. As a result of this assessment and support model, additional staffing support is often agreed with the care home to allow them to continue caring for people during periods of crisis, which in turn prevent unnecessary hospital admission.

4.1.7 The older people's care home market in Dundee has limited specialist dementia or functional mental health care home placements and cannot accommodate the level of specialist residential provision required. To address this we have worked to further develop specialist residential care approaches within the four residential care homes which the DH&SCP operate (Janet Brougham House/Craigie House/Menzieshill House and Turriff House). While Janet Brougham House is the only care home with a purpose build dementia specialist environment, considerable work has been undertaken in all four homes to be more dementia friendly. Staff have received training in dementia and in working better with psychological distress.

4.1.8 The development of a Psychiatry of Old Age Liaison Service in Ninewells Hospital has further improved the ability to ensure appropriate onward care journeys for people who have both physical and mental health needs.

4.2 Proposed Business Model for Older People with Mental Health Needs

4.2.1 This report outlines a proposal to further develop a range of robust community models which have been identified using Day of Care methodology and a further deep dive. The proposed model includes further development of specialist dementia care in Local Authority Care Homes, development of intermediate care, an increase in intensive Community Mental Health Team support and extended Care Home Team working hours. These will further shift the balance of care and allow people to be cared for in their own home or in a homely setting.

4.2.2 Often where a crisis arises in the community, this can result in an avoidable admission to hospital which can be prevented by providing more intensive support at home. This can be achieved by increasing the level of support provided by the Community Mental Health Teams. It is therefore proposed that an additional four Support Worker posts are created (two Support Workers in each team).

4.2.3 In addition to an expansion to the Community Mental Health Teams, it is proposed to increase the availability of the Care Home Team which will staffed to allow operation over 7 days with 8am- 8pm provision, Monday to Friday. This will further support the care homes to provide appropriate care to the residents, while also supporting the proposed changes described in 4.2.

4.2.4 Developing intermediate care can ensure there is a continuum of integrated community services for assessment, treatment, rehabilitation and support for older people who do not or no longer require to be in hospital. This does not currently exist for people with mental health needs, including dementia, and in a crisis this may result in an admission which is not needed on medical groups. It is proposed that specialist intermediate care for people with mental health needs, including dementia, be developed in Turriff House utilising one dedicated area in the care home. Families, residents and staff have been consulted and are supportive of this development. The layout of the home ensures this will not adversely impact on the care of other residents.

4.2.5 The needs of people in care homes have also become increasingly complex and a review was undertaken regarding the staffing levels needed to provide safe care. This identified pressures within the current staffing model as set against a rise in both specialist care requirements and complexity of need. The reduction of care home placements in Craigie House due to environmental factors, enabled a redistribution of staff across the four care homes. The exercise ensured that the residential services delivered by the DH&SCP continued to be delivered within the current financial framework, however it was acknowledged at this time that further work was required to reach the required safe staffing levels for future models of residential care and to provide the level of specialist support required for people with complex physical and mental health needs. This involves ensuring there is an appropriate staffing level, investment in staff development and enhancing the support provided by the care home team. It is therefore proposed to reduce the bed base across the four residential care homes from 104 places to 96, including the 8 intermediate care home placements described in paragraph 4.2.4. This will involve a reduction of 8 beds in Menzieshill House.

4.2.6 The improvement models described in Section 4.1 have resulted in a reduction in the level of demand for inpatient hospital provision. Continuing to develop innovative ways of working to provide specialist mental health care for older people can further prevent unnecessary hospital admission and allow people to remain at home or in a homelike setting. As the required bed base retracts the needs of people in hospital become increasingly complex and some investment is needed to ensure a high quality of care is maintained. This further reduction in the bed base at Kingsway Care Centre will enable the three ward model, outlined previously as part of Steps to Better Healthcare, to be implemented and it is proposed that this takes place within the current financial year.

4.3 Organisational Change Process

4.3.1 The proposed model sets out the changes across a range of services which are developed to support older people with mental health needs, including dementia. The proposals involve a redistribution of current resources which supports the further development and shifting of sources to community settings. This shift also ensures that the DH&SCP provides safe care within residential and hospital settings through the appropriate levels of staff, skilled to meet the needs of their particular population. The changes are managed within the current financial framework and will support the wider redesign programs within the partnership.

4.3.2 This redesign program is in line with the Older People's Clinical Board strategic aims. In developing the proposals any Tayside-wide impact was considered.

4.3.3 The DH&SCP is commitment to ensuring that staff are fully involved and engaged in the development of redesign programs. Transition work will be undertaken in accordance with The NHS Tayside Organisational Change policy and a Transition Group will be set up including representatives from management, HR and Staff side. There will be no requirement for redundancy however some staff may need to be redeployed. Staff working for Dundee City Council have been consulted regarding developments in line with agreed practice.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that social care demand will outstrip provision and that models of care will not be sustainable
Risk Category	Strategic
Inherent Risk Level	Very high
Mitigating Actions (including timescales and resources)	Work is underway to develop an action plan to address this. This includes looking at Community Rehab models, assessment models, and eligibility criteria
Residual Risk Level	High
Planned Risk Level	Moderate
Approval recommendation	Approve
Risk 2 Description	The current Care Home market does not provide suitable provision for those with dementia which places a risk on the model
Risk Category	Strategic
Inherent Risk Level	High
Mitigating Actions (including timescales and resources)	Work is ongoing to develop care homes within the partnership as dementia specialists.
Residual Risk Level	Moderate
Planned Risk Level	Moderate
Approval recommendation	Approve

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

9.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

David W Lynch
Chief Officer

DATE: 29 May 2019

Jenny Hill
Locality Manager

ITEM No …18……..…..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **UPDATE ON DELAYED DISCHARGE, UNSCHEDULED CARE AND WINTER PRESURES IMPROVEMENT PROGRAMMES**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB36-2019**

1.0 PURPOSE OF REPORT

1.1 This report details the progress made against Home and Hospital Transition Improvement Plan 2018/19 and updates the Integrated Joint Board on the work of the Unscheduled Care Board. In addition the paper reports on the performance to manage patient flow during the winter period and seeks agreement from the Integrated Joint board to sign off the Tayside area report to the Scottish Government which describes the Tayside performance during the winter period (1st November 2018 – 31st March 2019).

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the progress made against the 2018/19 Home and Hospital Transition Improvement Plan as reported in section 4.2 and as detailed in Appendix 1.

2.2 Notes the work of the Unscheduled Care Board during the previous financial year and the change projects associated with this work-stream as detailed in section 4.3

2.3 Notes the progress made in implementing the winter plan during 2018/19 as detailed in section 4.4 and as detailed in Appendix 2

2.4 Notes the requirement to produce a winter plan for 2019/20 and requests that this be submitted for IJB consideration prior to submission to the Scottish Government

2.5 Approves the report on the progress made across Tayside during the winter period 2018/19 as attached at Appendix 2 and confirms agreement for this report to be signed off for submission to the Scottish Government.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications, the improvement plan will be delivered within current budgets, and through resources allocated to the Partnership through Unscheduled Care Funding to test new models of working.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (ISD Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes patients delayed due to awaiting assessment, care packages, housing, care home or nursing placements. The standard maximum delay period is now 72 hours. Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some patients whose discharge will take longer to arrange and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation

4.1.4 The partnership's performance in relation to discharge management is reported quarterly to the Performance and Audit Committee. Over the first part of the last financial year, Dundee continued to show an improving picture with the Quarter 3 report indicating continued improved report in the rate of bed days lost to delayed discharge for people aged 75+ (for both standard and complex delays) and for emergency bed day rate for people aged 18+.

4.1.5 This performance against standard delays dipped in the first 3 months of this year as the partnership experienced a rise in demand for social care packages of support which outstripped the current capacity leading to patients being retained in hospital for longer. This change in provision can be aligned to a range of changes within the Care at Home services within Dundee. The retendering of Care at Home contracts commenced which brings a level of uncertainty across current providers, in the lead up to Christmas a local independent provider faced business and financial challenges at a national level which restricted availability for a short period, putting additional strain on the other services; a small provider withdrew from their contract and the internal services remained in a period of redesign. In addition to the delay in discharge home, this change in capacity also impacted on the 'discharge to assess' model which supports people to be assessed in a homely setting prior to making a decision in relation admission to residential care. We therefore experienced an increase in people awaiting admission to a care home setting.

4.1.6 The level of service and provision will be monitored over the early part of this financial year as new providers are introduced and changes to contractual arrangement are bedded in. The retendering process also introduced an increased number of framework providers which will enable a flexible approach to service provision. While it is anticipated that this will bring a more settled level of service provision to Dundee, we anticipate that there will be a continued growing demand for services. In line with the budget proposals for 2019/20 an additional £600,000 will be allocated to the external care at home provision and the management of this budget will be closely monitored.

4.1.7 For adults who have a complexity of circumstances the main reasons for delay is where a person is awaiting completion of Guardianship processes, awaiting a place in specialist facility, awaiting completion of complex care arrangements and exercising their statutory right of choice. We continue to work towards developing a range of supports and options which will further improve our position and the previous financial year, new accommodation with care developments were made available.

4.2 Home and Hospital Transition Improvement Plan

4.2.1 Within Dundee a Home and Hospital Transitions Group (the Group), chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to unscheduled care and patient flow into and out of hospital. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. Each financial year the Group sets out the improvement actions for the following year. These actions reflect the previous year's performance, identified gaps and new national targets.

4.2.2 A copy of the improvement plan for 2018/19 is attached as Appendix 1 and details the progress made. Highlights for improvement related to the Improvement plan 2018/19 include:

- Investment in Just Checking systems as an assessment tool to support more independent living.
- Further embedding of the Dundee Enhanced Community Model for support for Older Adults.
- Expansion of the Moving Assessment into the Community project.
- Investment in training to upskill staff to support people with palliative care needs.
- Further expansion of the Integrated Discharge Management Hub to include specialist liaison staff and to test out a Tayside wide model of integrated discharge.
- Continued investment in the Power of Attorney campaign
- Development and testing of an early indicator of deteriorating health and wellbeing tool which will be rolled out this year.

4.2.3 The Scottish Government allocated a ring fenced budget for the improvement of delayed discharges at a local level. This budget was mainstreamed as part of the 2017/18 budget settlement, however as the partnership had allocated the funding to projects and redesign work with a 2 – 3 year span, it was agreed to maintain the fund as a change fund until the completion of the project and redesign phase. During this financial year projects were monitored and evaluated and proposals for mainstream funding included within the budget statement for 2019/20.

4.3 Unscheduled Care

4.3.1 Improving unscheduled care across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care, 6 Essential Actions Improvement Programme, the aim is to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community, aiming to ensure that 95% of patients attending Emergency Departments anywhere in Scotland are seen, treated and discharged or admitted with four hours, ultimately working towards 98%. Significant improvements have been made across NHS Scotland however it was recognised that more needed to be done to ensure these successes are sustainable; as such, the launch of the new improvement focused approach Unscheduled Care Programme in May 2015, based on six fundamental actions is aimed at progressing and sustaining improvements.

4.3.2 The Unscheduled Care Programme is aimed at achieving safe and effective care delivered to every patient, every time without unnecessary waits, delays and duplication through the implementation of six essential elements:

1. Clinically Focused and Empowered Hospital Management.
2. Capacity and Patient Flow Realignment.
3. Patient rather than Bed Management – Operational Performance
4. Medical and Surgical Processes arranged for Optimal Care.
5. Seven day services targeted to increase weekend and earlier in the day discharges.
6. Ensuring patients are cared for in their own homes or a homely setting.

4.3.3 The Scottish Government recognise that for NHS Boards to maintain progress they must increase their whole system focus, with engagement and alignment of primary secondary, voluntary and third sector organisations, which are vital to a whole system approach as well as supporting the ambition of safe, effective and person-centred care. In 2017, NHS Tayside established an Unscheduled Care Board (the Board) which has secondary and primary care representation and which includes the three Health and Social Care Partnership areas. This collaborative working group provides a leadership role to the improvements across both acute and community care. A number of the Dundee Home and Hospital Improvement Plan redesign projects are aligned to this work. The Board takes a leadership role in supporting the development of the NHS Tayside Integrated Clinical Strategy.

4.3.4 The Scottish Government allocated additional financial resources to progress the Unscheduled Care program. The Scottish Government confirmed to NHS Tayside on the 3rd August 2018 that Tayside Unscheduled Care funding allocation would be £470,894. This resource is in part pre-prescribed in that the resources are to be used to develop an improvement team which includes clinical leadership, improvement and data analysis and project management. The remainder of the resource can be utilised to support local change projects. As with many change funds, the Unscheduled Care Board received a higher level of proposed change initiatives than the fund can support. A process of assessment and criteria was agreed and resources allocated to further embed seven day discharges and work with both general and specialist medicines to support the development of new discharge and unscheduled care pathways.

4.3.5 Over the last year the following projects were tested and demonstrated improvements in both performance and outcomes for patients. The projects funded included:

- Further development of the Acute Frailty Team
- Implementation of an outpatient pathway for the management of Unilateral Pleural Effusion.
- General Surgery – Unscheduled Surgical Flow Management
- Pharmacy Funding for 7 day discharge modelling
- 7 day physiotherapy and OT services
- Additional Care at Home services
- Additional Integrated Discharge Hub Coordinator
- Additional Enhanced Social Care Support to target same day discharge
- Weekend transport
- Technology to deliver Home and Mobile health Monitoring Solutions

4.4 Winter Pressures Plan

4.4.1 NHS Boards and Health and Social Care Partnerships are required each year to submit a report to the Scottish Government setting out their intended actions to manage the season pressures occurring in winter. The potential pressures include an increase in demand across Emergency Departments, the impact of seasonal influenza, the impact of extended Public Holiday close down of services, deteriorating weather conditions and the potential resulting need for additional inpatient beds and community services. The Winter Plan defines the level of preparedness for winter, sets out the range of planned actions to address the potential impact and puts in place arrangements to monitor and respond to any disruption to capacity and flow. The Scottish Government resources the implementation of the Winter Plan through additional national resources of which the Tayside share was £737,734. The planning and implementation of the Winter Plan is overseen by the Unscheduled Care Board who hold devolved responsibility for the distribution and monitoring of the Winter Plan funds. The Winter Plan applies to the period 1st November 2018 – 31st March 2019.

4.4.2 In their guidance Preparing for Winter (2018/19), the Scottish Government highlighted key areas, of which the following formed the whole system approach for Tayside:

- Resilience
- Unscheduled/Elective Care
- Out-of-Hours
- Norovirus
- Season Influenza/Influenza like illness
- Respiratory Pathway
- Key Partners/Services
- Mental Health

4.4.3 The Tayside Winter Plan 2018/19 built on the learning from the winter of 2017/18, where despite forward planning, it was recognised that further work could be done to improve responsiveness, ongoing communication and decision making. Whole system planning commenced in April 2018 to ensure that preparations were agreed and implemented prior to the commencement of the winter period. This approached ensured that all key partners were sighted and involved (Health and Social Care Partnerships; NHS Tayside; Scottish Ambulance Services; Out of Hours; Primary Care and Public Health). The plan took into account the evolving medical inpatient models and the improvements made across health and social care partnerships to support unscheduled care.

4.4.4 There were a range of key actions identified to implement the Winter Plan, however those most relevant to Dundee Health and Social Care Partnership include:

- Further development of the Assess to Admit Model
- Increase in senior decision makers
- Redesign of the inpatient bed model to support the ongoing progression of patients through the acute and Medicine for the Elderly pathways
- Introduction of a designated Acute Medicine for the Elderly Unit
- Additional funding to improve Out of hours General Practice resilience
- Further investment in professional to professional communication to share decision making
- Introduction of near patient testing to identify and treat flu like symptoms
- Targeted campaigns to increase uptake of Flu vaccination
- Increased support from psychiatric liaison into acute hospital settings to support patients with co-existing mental health and physical ill health issues

4.4.5 A copy of the 2018/19 winter report for Tayside which sets out the performance during this period is attached at Appendix 2. This report has been submitted to the Scottish Government in line with the requested timelines by NHS Tayside, with confirmation that the report has yet to be approved by each of the Integrated Joint Boards within Tayside. The IJB is asked to approve this report for final submission to the Scottish Government.

4.4.6 It is anticipated that the Scottish Government will confirm their intention to release additional financial resources to Board areas to address winter pressures during the winter period 2019/20 and will request NHS Bards and their partners to develop and submit a Winter pressures plan for this period. The completion of the Tayside Winter Pressures Plan will be developed and agreed by the Unscheduled Care Board and signed off by NHS Tayside and Health and Social Care Partnerships. A copy of this plan will be presented to the IJB for consideration prior to submission to the Scottish Government.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

The following key high level risks were identified in the previous paper and remain. Risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. Further information on risk associated with each development are noted in appendix 1.

Risk 1 Description	That the Home and Hospital Transitions Improvement Plan and the Unscheduled Care Action Plan are not fully implemented and do not achieved the desired outcomes.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	The plans sit across a range of service areas and are aligned to a number of other redesigned work. In assessing the programmes the ability to implement proposed changes has been used as a key criteria.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

6.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

7.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 17 June 2019

Diane McCulloch
Head of Health and Community Care

Appendix 1

HOME & HOSPITAL TRANSITION IMPROVEMENT ACTION PLAN - 2018/19

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer	Action Update
National Outcome 1: Healthier Living and National Outcome 5: Reduce Health Inequalities	• **National Indicator 1**: % of adults able to look after their health very well or quite well • **National Indicator 12**: Emergency Admission Rate (per 100,000 people aged 18+) • **National Indicator 13**: Rate of emergency bed days for adults	Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area.	Diane McCulloch Lynne Morman Dougie Lowdon Jenny Hill	Development of Acute Medicine for the Elderly unit in Ninewells to enable comprehensive geriatric assessment to take place and facilitate early discharge back to patient's home environment
		Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health.	Alexis Chappell Vicki Stewart Lynne Morman Karen Lesslie	Investment in Just Checking systems as an assessment/screening tool to reduce reliance on social care
		Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting.	Locality Managers Mike Andrews	Review of staffing model and links to DECSA
		Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult.	Jacqueline Thomson	Promotion and development included. Improvement Advisor appointed via Palliative End of Life Care pilot site for Dundee Care Homes – ACP. Education Programme in place through Palliative Care Education Unit. Currently no central register of ACPs so unable to access the full impact.
National Outcome 2: Independent Living	• **National Indicator 18**: % of adults with intensive care needs receiving care at home • **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting	Expand the 'Moving Assessment into the Community' project for older people to develop a frailty model for people of all ages.	Jenny Hill	Criteria for services expanded to ensure services respond to identified need regardless of age.
		Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways. Specific focus on development and expansion of 'Discharge to Assess' i.e. no patient should be discharged to a care home from hospital without a home based assessment.	Lynne Morman	Following test period, tendering process underway to embed model
		Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults.	Locality Managers Lynne Morman Angie Smith Mike Andrews	Expansion of step down housing model – 5 properties with a further HWC about to be tested

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer	Action Update
		Further develop discharge planning arrangements for adults with mental ill-health and learning disabilities and substance misuse issues	Arlene Mitchell Lynne Morman	Integration of substance misuse liaison post to the Discharge Hub to promote improved pathways.
		The work around the Mackinnon pathway is being reviewed regarding numbers of beds Further develop discharge planning arrangements for adults with physical disability and acquired brain injury.	Beth Hamilton Lynne Morman Jenny Hill Angie Smith Gillian Crighton Claire Tester	A pilot is underway around the development of an ambulatory care model involving discharge from the hospital, but remaining a day attendee for intensive therapy Further development of rehab pathway into Mackinnon Centre. Recruitment of additional discharge coordinator to support improved discharge processes across the younger adult pathway i.e. Carseview and CBIR Scoping of service requirements for younger adult pathway i.e. bed base, CRT, step down resource
		Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings.	Mike Andrews Lynne Morman Craig Willox	Year end evaluation information being prepared by Red Cross with a view to reporting on impact. USB bid provides a further 106K to enhance provision over winter period and potentially test Tayside wide approach
		Redesign services to ensure rapid access to palliative services.	Beth Hamilton David Phillips Karen Lesslie	Macmillan Foundations in Palliative Care training rolled out cross the social care workforce
		Review access to end of life services so that people are supported in their place of choice.	Beth Hamilton	Pilot work ongoing with Marie Curie to support discharge for t hose at end of life stage to die at home.
		Review patient pathways between Carseview Hospital and the community.	Arlene Mitchell Lynne Morman	Workstreams developed around Crisis Care, Home Treatment and Rehabilitation which will be progressed through the Mental Health Alliance.
		Support the redesign of specialist services discharge pathways through redesign of referral and response models	Jenny Hill	Modelling in place for specialist rehab for younger people. To be further refined prior to implementation.

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer	Action Update
National Outcome 2: Independent Living	• **National Indicator 18**: % of adults with intensive care needs receiving care at home • **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting	Further expand the fully Integrated Discharge Management Team by incorporating specialist workers to improve communication, facilitate better outcomes and further develop opportunity for discharge assessment for all patients at Ninewells.	Karen Gall Lynne Morman Lee Foggarty Gillian Crighton	Multidisciplinary staff group now established with addition of MHO post, liaison psychiatry OPS and SMS, and AHP staff
		Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge.	Arlene Mitchell	DHSCP have funded a share of the Tayside PoA campaign. Agreed to continue.
		Review and remodel care at home services to provide more flexible responses	Beth Hamilton Karen Lesslie David Phillips	Re-energise of service redesign approach to delivery of care across health and social care
		Further develop models of Community Rehabilitation to support transitions between home and hospital	Alexis Chappell Matthew Kendall Claire Tester Matthew Perrot	Remodelling progressing to support locality based community rehabilitation.
		Further embed seven day discharge.	Lynne Morman Gillian Crighton	7 day inpatient AHP and discharge coordinator service now mainstreamed
National Outcome 3: Positive Experiences and Outcomes	• **National Indicator 5**: % of adults receiving any care or support who rate it as excellent or good	Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge.	Lynne Morman	Completed
		Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home.	Lynne Morman Mike Andrews	Regular staff briefings being held across all teams to ensure consistent communication of strategic approach
		Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being.	Karen Lesslie David Phillips Gill Reilly	Early Indicator Tool developed and agreed. Will be rolled out during 2019/20

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer	Action Update
National Outcome 6: Carers are Supported	• **National Indicator 8**: % of carers who feel supported to continue in their caring role	Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations	Lynne Morman	Carers involvement incorporated into Learnpro module for NHS staff
National Outcome 7: People are Safe	• **National Indicator 14**: readmission to hospital within 28 days • **National Indicator 16:** Falls rate per 1,000 population in over 65's	Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge	Lynne Morman Karen Gall	Further expansion of this approach across younger adult pathways
		Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital	Beth Hamilton District Nursing AHP Gillian Crighton Lynne Morman Jenny Hill Mike Andrews Jacqueline Thomson	Embed 'home first' approach with enhancement of community rehab/social care pathways, DECSA and Red Cross Assessment at Home Service.
		Further develop local fall pathway initiatives to reduce risk of falls.	Matthew Kendall	Falls Action Group developed. Testing initiatives. Deep dive of data to be considered in one LCPP area.
National Outcome 9: Resources are used Efficiently and Effectively	• **National Indicator 20**: % of health and care resources spent on hospital stays where the patient was admitted in an emergency.	Establish integrated systems and processes which support information sharing and improved communication (All Indicators)	Alexis Chappell Lynne Morman Lynsey Webster Joe Donnelly	Escalation procedures in place. Issues regarding the introduction of new e systems not yet fully resolved.
		Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee.	Alexis Chappell Lynne Morman Lynsey Webster	Performance reports incorporated into the regular quarter by reports for PAC.
		Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan	Diane McCulloch	Dundee Actions incorporated into the USC programme and action plan.
		Work with Partners to develop the 2018/19 Winter Pressures Plan and ensure arrangements are in place to support any escalation of the plan	Diane McCulloch	Winter plan developed and achieved.

Appendix 2

Health & Social Care: Local Review of Winter 2018/19

NHS Board, HSCPs:	NHS Tayside Dundee, Angus & Perth and Kinross HSCP SAS	Winter Planning Executive Lead:	Lorna Wiggin, Director of Acute Services, NHS Tayside Vicky Irons, Chief Officer, Angus, Health & Social Care Partnership David Lynch, Chief Officer, Dundee, Health & Social Care Partnership Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership Dr Elaine Henry, Clinical Lead Winter Planning

Introduction
As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Completed reviews should be sent to **Winter_Planning_Team_Mailbox@gov.scot** by no later than close of play on **Friday 3 May.**

Thank you for your continuing support.

JOHN CONNAGHAN CBE

Chief Performance Officer, NHSScotland
and Director of Delivery and Resilience

Introduction

NHS Tayside, and its partner organisations have taken a collaborative approach for winter planning in 2018/19 through the Tayside Unscheduled Care Board.

The winter plan was developed in collaboration with key partner organisations as well as being part of the local Unscheduled Care Action Plan. It was underpinned by the Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2018/19 and Supplementary Checklist of Winter Preparedness.

This year we were determined to learn from previous winter challenges and to proactively invest in initiatives to maintain our key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside is undergoing transformation and much of this work was integrated into our winter plan.

The winter plan was developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2018/19) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Emergency Departments, delayed discharge performance, inpatient/day case, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over the winter.

Approach

The scope of the winter plan was whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

Resilience
Unscheduled/ Elective care
Out-of-Hours
Norovirus
Seasonal Influenza/ Influenza like illness
Respiratory Pathway
Key partners/ Services
Mental Health

Local Review of Winter 2018/19

A local Winter Wash-Up Session was held on Monday 25th March 2019. The aim of the session was to review and reflect on this winter period 2018/19, using the learning to inform and plan ahead for the year ahead's system pressures, winter and all year round planning.

The session was broadly attended with representation from across Health and Partners Organisations.

The session was introduced by the Head of Service Health and Community Care, Dundee Health and Social Care Partnership, Clinical Lead for Winter Planning and Associate Medical Director, providing an overview of the approach to winter planning taken and sharing data to demonstrate the outcomes achieved as a result.

Following this, attendees worked in groups with facilitated discussions based upon the approach taken in the winter plan of:

Prevent – Illness and Admissions within our population and staff
Inform and Respond – Whole System Escalation Framework & Business Continuity Planning
Business as Usual Strategies – review of winter Improvement Projects/Initiatives
Communicate - Communicate Identified pressures and the action needed to maintain Business as Usual

The groups were asked to consider the following questions in each group:
What went well?
What could have gone better?
Key Lessons

Feedback from this local review of winter is detailed throughout the sections of this report. Overall feedback has highlighted the success of the way people have worked, communicated and improved outcomes.

1 Clear alignment between hospital, primary and social care

The winter plan set out how the activities and approach would respond with an escalation of our business as usual activities and continuation of capacity and flow improvements to minimise disruption to service provision and to improve outcomes for patients and staff across hospital, primary and social care services.

The Tayside Unscheduled Care Board developed the detailed implementation plan for resilience and flexibility going into winter and ensured robust assessment of bids and allocation of resources to:

- Provide additional funding for care at home placements in our regions to keep people at home to prevent them becoming hospital patients

- Support an “Assess to Admit” model in community and with PRI and Ninewells which has at its core the principal of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Heath and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable and therefore an additional funding for Health & Social Care Partnerships to increase the support available in communities and to support earlier in the day discharge. This was a combination of additional consultant physician workforce at weekends to increase the ambulatory care assessment in hospital and to increase social care and allied health professional (AHP) capacity. Respiratory medicine increased their Consultants working at the weekend and public holidays as well as increased respiratory nurse specialists. The Gastroenterology team increased staffing on public holidays to increase endoscopy to support early diagnosis also supports decision making, improved patient experience and creates capacity and flow with ability to discharge earlier for some patients. Investment in AHP hospital resource meant increased ability to discharge patients over seven days.

- The increase in senior clinical decision makers, including senior nurses over the public holiday period, learning from the public holiday review led by Sir Lewis Ritchie, to support weekend discharge rates resulted in a 20% increase in weekend discharges. This covered medical specialties and included Consultants as well as specialist nurses and junior staff to help admit patients. There was an extra “Clerking shift” to help with first assessment and this also provided training in acute care.

- Redesign the inpatient bed model through additional beds and service set up to meet patient needs. The additional 12 beds at Ninewells Hospital were not simply “surge beds” but enabled the ongoing progression of the Acute Medicine and Medicine for the Elderly model. This included identifying a designated Acute Medicine for the Elderly (AME) unit where all frail people from Medical Assessment Unit (AMU West) were transferred into. This allowed the designated Frailty Team to undertake a comprehensive multi-disciplinary review over a 24-72 period, with aim of assessing people’s needs and discharge from acute hospital. By transferring frail people timely from the Acute Medical Unit, AME increased overall capacity for non-frail people in AMU allowing these patients time to be assessed by the Acute Medical team over a 24-48 hour period. Again aimed at timely discharge from hospital. The number of patients cared for through the AME Unit from 3 December to 11 March was 327. The full evaluation to end March is being completed for the Unscheduled Care Board and early data shows the mean length of stay at 2.5 days with 80% of patients discharged on the planned day of discharge. This is a benefit for patients, families and care providers.

- The aim of AME project was to accommodate the predicted 10-15% increased admission numbers over winter months by increasing front door discharge rate from Acute Medical area by more than 10% from standard target of 60% to over 65% hence minimising increased admissions into Ninewells Hospital. This has been maintained and is evidenced by a reduction in bed occupancy and by maintaining the four hour ED performance.

- Increase the Medicine for the Elderly step down winter beds at PRI by four and implement the separation of scheduled and unscheduled acute inpatient wards to maintain elective performance and provide care in the right setting. Tay Ward beds fluctuated over the period from 18 to 20 (four to six additional beds). This has been hugely successful as there has been no cancellation of elective cases at PRI as a result of bed capacity issues. There was only one elective case cancelled at Ninewells due to bed pressures.

- Provide funding to improve service resilience for extra Out of Hours General Practice (GP) sessions and for more GP advice calls to reduce pressure on our Emergency Department (ED). This would mitigate disruption to critical services and support patients to self manage illness at home.

- Invest in professional to other professional communication to share decision making and discharge home from hospital assessment areas to complete investigation and treatment. This support has kept our bed occupancy at an optimal level (90%), reduced patients in inappropriate settings (boarding) and improved patient experience.

- Improve the prevention and management of influenza like illness through investment in near patient testing equipment to prevent un-necessary admissions for flu like illness, to reduce the need for ward closures and impact on patient care. Only one bay was closed this winter due to flu. Patients were tested and started on appropriate anti viral medication within 20 minutes and half of patients were discharged with a positive diagnosis who didn't require admission. A full comparison with the introduction of near patient testing this year will be reviewed at the May meeting of the Unscheduled Care Board.

- Targeted campaign to significantly increase Flu vaccine uptake compared to previous years with peer vaccinators at the heart of our programme. Increased uptake from 18% two years ago and second worst performance in Scotland last year to 54% and an ambition to break through 60%

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- Investment for the first time at winter to increase the support available from the psychiatric liaison service to increase assessment within acute admission units and to improve time to assessment which is core to "Treat as One" for patients with co-existing Mental and Physical ill health issues in our acute general hospital. Dedicated Specialist Mental Health Nurse input was provided to the care of deliberate self-harm patients requiring psychiatric assessment. Evaluation to date has demonstrated that patients are being seen in a timely fashion which means they are not having unnecessarily prolonged stays in hospital. This is good for patients individually as they get a timely assessment and management plan, and leave a stressful environment. Staff have also given feedback the positive impact that this service has made.

1.1	**What went well?**

One particular area of impact was investing in staff to provide care at home. This allowed discharge of people to the care of community teams, with the system being agile and responsive enough that when it was realised there was not enough home care packages there was the ability to reallocate some winter funding slippage to this to enable more people to go home. This allowed wards with limited bed capacity to discharge people to their home environment where they wanted to be. Another area of particular merit is the "assess to admit" model across the whole of the system. This allowed senior nursing, AHP and medical staff to visit patients at home allowing the provision of high quality care at home without a traditional model of hospital admission

One of the main sources of investment was in the Acute Medicine for the Elderly Assessment Unit (AME). Although this model introduced increased winter bed availability, this was not simply surge beds that ran in a traditional secondary care inpatient bed model that many other board areas have opened. The AME unit assessed and discharged on average 100 people per month with a mean length of stay of 2.5 days with the majority of patients actually going home on their planned date of discharge. The ward was also very popular with existing nursing staff applying to work in the area and has been assessed by the multi professional teams as an ideal way of going forward looking after these patients. This model will be a priority for unscheduled care at Ninewells and PRI as part of the Operational Plan.

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions to improve alignment of Hospital, Primary and social Care Services is detailed as follows:

General Feedback

- Supported clinical risk assessment and management decisions at the front door
- Approach Whole system collaborative – Step Up Step down
- Acute Medicine for the Elderly (AME)
- Promoting that hospital is not the best place if care accepted
- Dedicated communication channels across the system to improve preparedness and planning
- Winter funding for trainees to allow extra medical workforce into the evening and weekends
- Meeting structure monthly, weekly & cross site huddles effective in promoting cross site and service working
- Built on relationships , promoting Business as Usual , trusting in good systems
- Robust planning of pathway of clinical pathways

Key partners/ Services

- Whole system working and communication
- Cross site communication
- Partnership huddles locally
- Dundee discharge hub 'tests of change; in new areas

NHS Tayside Communications

- Information provided quickly, improved sharing of messages
- More co-ordinated and memorable messages
- Good assistance from Comms Team for Infection Control messages
- Felt more joined and connected across Partnership
- Regular info issues to staff
- Use of social media more successful, regular posts and messages to support the winter campaign
- Evening Telegraph series to promote winter campaign
- Communication to public, patients and staff on access arrangements over festive period

Winter Preparedness /Adverse Weather

- Use of Smarty the Penguin to promote winter wellness
- Winter Zone on Tayside Intranet Well updated including key information required for the winter period

Respiratory Pathway

Enhanced Home support to respiratory services in particular to COPD patients post discharge

- Effective Discharge planning for patient with COPD, 7 days by Respiratory Clinicians
- Access to Oxygen Therapy hospital sites, GP and OOH services
- ACP for patients with Significant COPD and Palliative Care plans for those with end stage disease are in place across respiratory pathway
- Communication plans to support the work of the Respiratory Pathway and service
  - Information Cards - Prevention approach
- Clinics provided in Health settings and Care Homes and offered to Care Providers.
- 'Mop Up' plan in place to ensure all staff could receive Flu vaccine.

Out of Hours (OOH)
Winter Planning monies in OOH were used to put additional GP shifts into the weekend rota (Saturday and Sunday) throughout the months of December and January. This enabled OOH an additional GP in the base at the busiest times to deal with increased patient demand. Demand for OOH increases during the winter period due increasing levels of viral, respiratory and gastric illnesses in the community. Cases are dealt with well before they become more serious and likely to require hospital input. Having additional capacity for the busiest periods not only benefits patients it means that the staff working feel supported thus they are more likely to perform better and its less likely that there will be sickness absence. For OOH it also has the positive impact that it encourages GPs to work in the Service and we are less likely to encounter problems with rota coverage which impacts negati**v**ely patient safety. A fuller rota, within a well functioning OOH Service benefits the whole system including day time Practice and hospital based services.

In addition to the GP's seeing patients, the Service also used some of its allocation to put on additional telephone advice shifts. GPs provide professional to professional advice for a range of services including SAS, community nursing, nursing homes and community pharmacy. Having a dedicated GP to answer these calls means that these Services and professionals are not kept waiting for a response and this ensures that they are able to keep patient flow moving and work efficiently. This is particularly important for the Ambulance service. Having the opportunity to obtain clinical advice from the GP also helps prevent unnecessary hospital admissions and if answered speedily means that there is less likelihood of the patient being transported to hospital as others can't obtain the advice they need within a reasonable timescale. Providing telephone advice not only assists the OOH Service its very beneficial for others and ensures all parts of the system are working together effectively to deliver the best care possible for patients.

What Worked Well?

- Shift uptake – shifts were filled and additional capacity achieved.
- Additional GPs on duty to deal with the increased winter demand has a positive impact as outlined above not only for OOH Service itself but impacts positively on the system as a whole.
- Winter period was busy for OOH, the nature of the flu season this year meant that there was a lot of lower level illnesses that we were able to deal with successfully in the community.
- Being included in the wider NHS Tayside winter planning process from the outset was very welcome. We were able to contribute and felt involved. The weekly meetings were very helpful – it felt joined up and was well organised and managed centrally

Mental Health

Perth Royal Infirmary
There has been a trial of dedicated Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary (PRI) over the last two months. This test of change is now complete, showing very significant benefits this change has delivered. All patients presenting with deliberate self-harm require a psychiatric assessment prior to discharge. The existing arrangement relies on the input of the on-call Psychiatry doctor from Murray Royal Hospital. Due to their other responsibilities assessments are often delayed until later in the day, and on occasion the following day. In addition, patients are only reviewed if they are referred between 9-11am – so a patient presenting after this time who is fit for discharge will not be seen until the following day. Finally, patients who are receiving any form of active medical treatment, even if it will be completed before the next opportunity for review, are not seen. The benefits seen in PRI as a result of this change are as follows;

- Patients are being seen in a timely fashion which means they are not having unnecessarily prolonged stays in hospital. This is good for patients individually as they get a timely assessment and management plan, and leave a stressful environment. As importantly this has an impact on patient flow and bed availability, increasing our capacity to admit patients. As you know there are very significant pressures on length of stay and bed occupancy in unscheduled care in PRI. Whilst we recognise psychiatric services are under significant pressure, we cannot afford unnecessary delays in access to emergency psychiatric assessment.

- A proportion of this group of patients “discharge against medical advice” while waiting for assessment, thus not getting the psychiatric assessment and follow-up they need. Furthermore, higher risk patients who wish to self-discharge need to be detained under the Mental Health Act to ensure they do stay for psychiatric assessment, which creates unnecessary distress for the patients, and has significant work force and cost implications as they often require1 to 1 nursing care.

- The availability of the specialist nurse service at Perth Royal Infirmary meant that patients were receiving the same high quality and timely assessments as they receive at Ninewells Hospital, The specialist nurses have also been able to provide us with advice on the management of psychiatrically unwell patients still receiving active medical treatment, improving the standard of care they receive as inpatients, and providing essential support for ward staff looking after these often complex and challenging patients. NHST is committed to equity of access to services and this is particularly important in potential vulnerable patients with mental health problems. The continuation of this service would work towards equality of access across NHS Tayside. The Unscheduled Care Board has agreed to support this service in the short term while a bid for Unscheduled Care Funding is prepared.

- The nurses have also been able to deliver assistance for the care of non-self-harm psychiatric patients. Previously we have not been able to access regular General Adult Psychiatric review of these patients whilst in Perth Royal Infirmary due to a lack of capacity amongst Perth Psychiatry Services.

Angus
Local Angus Mental Health Community Services show no variance, change in referral patterns or other pressures as a result of the winter season

Scottish Ambulance Service (SAS)
The Unscheduled Care and Winter funding finance plan recognised the pivotal role played by SAS and as such there was a commitment to fund extra weekend vehicles for the winter period. This was in addition to separate SAS national funding.

1.2	What could have gone better?

Feedback around what could have gone better in relation to improving alignment of Hospital, Primary and Social Care Services is detailed as follows

Unscheduled/ Elective care

- Many of the successful initiatives this winter have been driven within medicine. The focus of the next Unscheduled care board meeting in early May will be to move this focus to surgery, orthopaedics and specialist services.
- Embed the culture of frailty across the whole acute service.
- Still full up on Sunday – need to increase weekend discharges and maximise ambulatory care over 7 days.
- Problems recruiting to vacant therapy posts over winter reduced the ability to assess and discharge.

- Reducing homecare impact on inpatient bed capacity
- Reduced Homecare staff increased agency hospital staff
- Staffing is a major challenge. Recruitment of Newly qualified practioners is underway.

Key partners/ Services
The provision of homecare services has risen significantly over the past few years however there were some challenges around provision of services over the winter period and learning needs to be taken from that. It is acknowledged that we cannot continue to grow this resource at the rate we have up until now and need to get smarter as a HSCP about how resource is used to make sure it's available for those who need it. This includes reviewing eligibility criteria, promoting more robust assessment models including assessment at home, making better use of technology and really promoting self care and early intervention.

- Look at shorter, focused home care
- Make Home Assessment and Recovery Team (HAART) more multi-professional/ more therapists

Out of Hours
From OOH perspective there is nothing that the service would change due to it not working well. From workload predictions know the best time to increase capacity and where additional shifts will be more useful are known. The time of some of the shifts were slightly altered just to differentiate what they were for the GPs booking them (in future this will be less of an issue as a new rota system allows a description of the shift), this however did not have any adverse impact.

1.3	Key lessons / Actions planned

Organisational

- Organisational support to realise prevent planning
- Ensure early planning for winter
- Leadership – planned, co-ordinated whole system priority
- Leadership – dedicated winter plan USC clinical lead
- Promoting all year round planning with a Business as Usual approach

Unscheduled/Elective Care

- Take frailty into surgery

Key partners/ Services

- Integrating discharge planning pathways in the 3 HSCPs
- Coordination of transport
- Must prioritise Homecare

Out of Hours

For consideration going forward for 2019/20, **i**ncreasing capacity in Angus with an additional GP on duty afternoon and evening for the base, for the same period would be helpful. Patients often walk in to the MIIU rather than go through NHS 24 so increasing capacity during the peak winter period would be useful particularly as the car shifts are busy and there is not much opportunity for the visiting GP to support any surge at the base.

Mental Health

Perth Royal Infirmary

Trial of dedicated Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary (PRI) recommendation to continue this service as business as usual , PRI reporting great benefits for this vulnerable patient group, as well as improvements in bed capacity.

General

- Cross site calls same time over 7 days
- Robust system to have clinician every day
- Data Systems to support Safety and Flow Huddles: Use IT/Trak to inform huddle thinking and plans
- Explore Frailty Tool & supporting IT system used Victoria Hospital Kirkcaldy/ NEWS on Trak
- Consider how diverts are managed and communicated
- Transport – key priority consideration of timing planning co-ordination to impact on admission/discharge timing

- Volunteer transport cannot be booked for urgent cases

2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

2.1 What went well?

Support an "Assess to Admit" model in community and with PRI and Ninewells which has at its core the principal of realistic medicine that patients wish to be cared for in their own homes.

- Additional funding for Health & Social Care Partnerships to increase the support available in communities and to support earlier in the day discharge. This was a combination of additional consultant physician workforce at weekends to increase the ambulatory care assessment in hospital and to increase social care and allied health professional (AHP) capacity. Respiratory medicine increased their Consultants working at the weekend and public holidays as well as increased respiratory nurse specialists. The Gastroenterology team increased staffing on public holidays to increase endoscopy to support early diagnosis also supports decision making, improved patient experience and creates capacity and flow with ability to discharge earlier for some patients. Investment in AHP hospital resource meant increased ability to discharge patients over seven days.
- Increased senior clinical decision makers, including senior nurses over the public holiday period, learning from the public holiday review led by Sir Lewis Ritchie, to support weekend discharge rates resulted in a 20% increase in weekend discharges.
- Prioritisation to staff out of hours and Home care. The budget spend was assessed monthly to ensure that any underspend was identified and this was redirected during the winter period to increase OOH shifts for GPs and to provide a further 300 hours of homecare in January when this was identified as a pressure.
- The acute physicians recognised the effect that they had in decision making at times of pressure so during the winter period they flexed their working patterns to match increased admissions.
- Respiratory services has worked an asymmetrical job plans for years. They increase inpatient capacity in Nov. This year demand was lower so they delivered increased out-patient capacity to aim to reduce waiting times.
- In previous years we have seen a decrease in discharges at time of peak activity. This was not the case this year.
- Senior team members joined the cross site Huddle calls. This meant that core USC leads and senior managers and HSC partners could inform about pressures in their parts of the system and respond with a whole system approach. When one area was under acute pressure i.e. Orthopaedics during a frosty spell the On Call teams felt involved and supported but did not need to join meetings when they were of little direct benefit.

2.2 What could have gone better?

- Plan to increase senior decision makers across all acute areas.
- Vacancies and staff sickness required the use of agency staff. Work already underway to recruit newly qualified staff in the Autumn and recruitment of therapists was delayed but more whole system understanding of the effects of this.
- Sickness and vacancies in junior medical staff also saw pressures but appointment of Rota co-ordinators and Clinical director for Rotas in response

- Drive to increase pre-booking of ambulances is being championed by senior nurses.
- Review of weekend pharmacy underway to see if increased dispensary hours are more effective than extra pharmacists.
- Review ongoing of 7 day discharges across PRI site to ensure weekend discharge rates maintained and increase at times of pressure

2.3	**Key lessons / Actions planned**

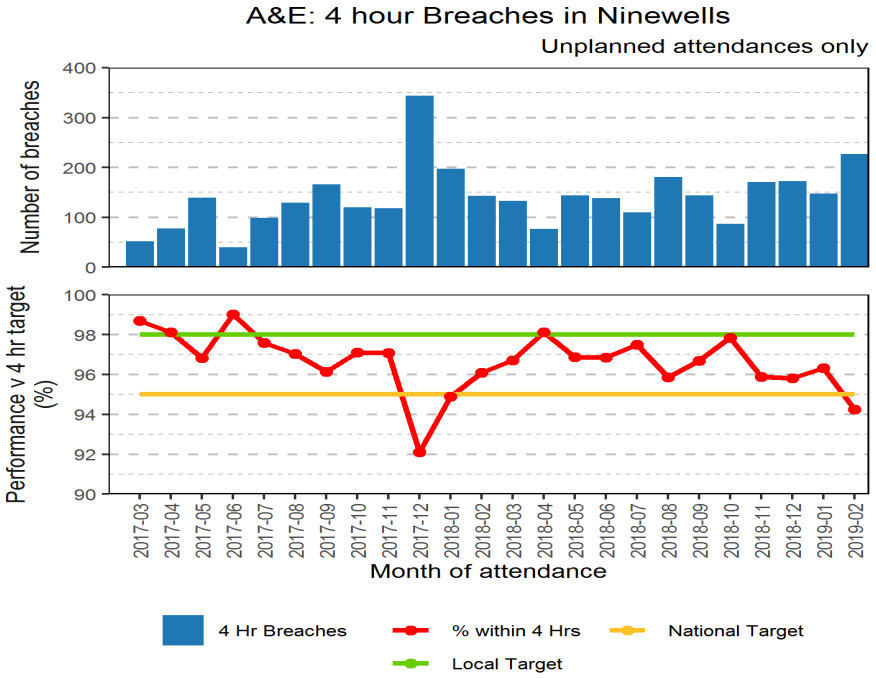
- Whole system approach key
- Flexible increase in senior staff
- Widen effects to surgery and specialist services
- Prevention of illness worthwhile
- Whole system calls at same time: Don't add any more meetings!
- Respect and kindness: Trust your colleagues

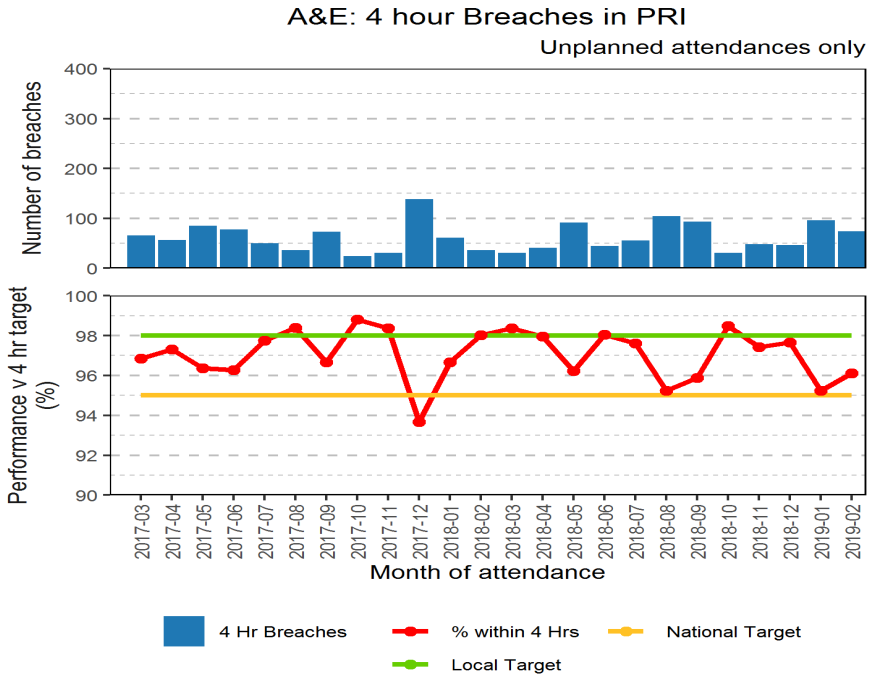
3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

The winter plan set out the standards to be measured. The full impact of the winter plan effectiveness will be reviewed at the Unscheduled Care Board Meeting on 8 May 2019 when the end March validated data is available from the Business Unit and other partner organisations. Data available to end February, where available is provided below

3.1 What went well?

Emergency Access Standard - Four hours from arrival to admission, discharge or transfer for ED treatment (95% with stretch target of 98%). NHS Tayside remained the top performing mainland board achieving the 95% throughout winter at PRI and Ninewells with the exception in February 2019 with performance at Ninewells at 94.2%.

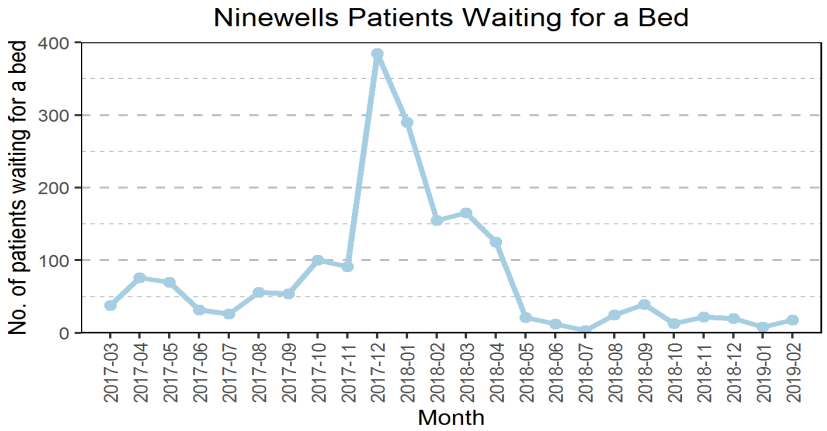


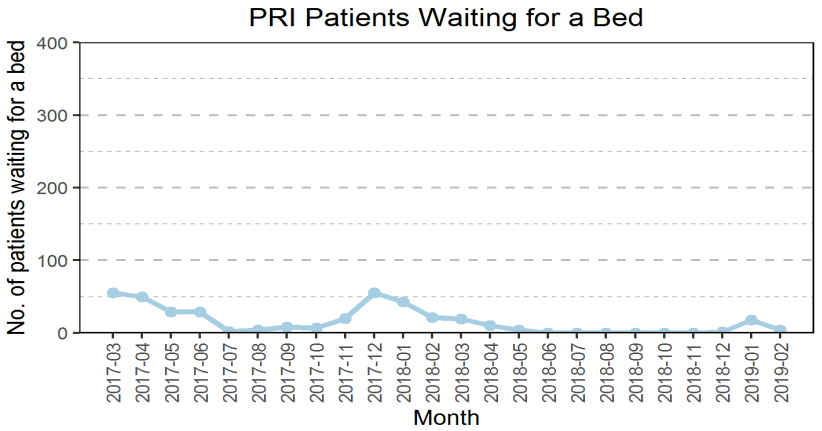


Number of waits for a bed experienced each month

A significant improvement again this winter when compared to the previous year is demonstrated below.

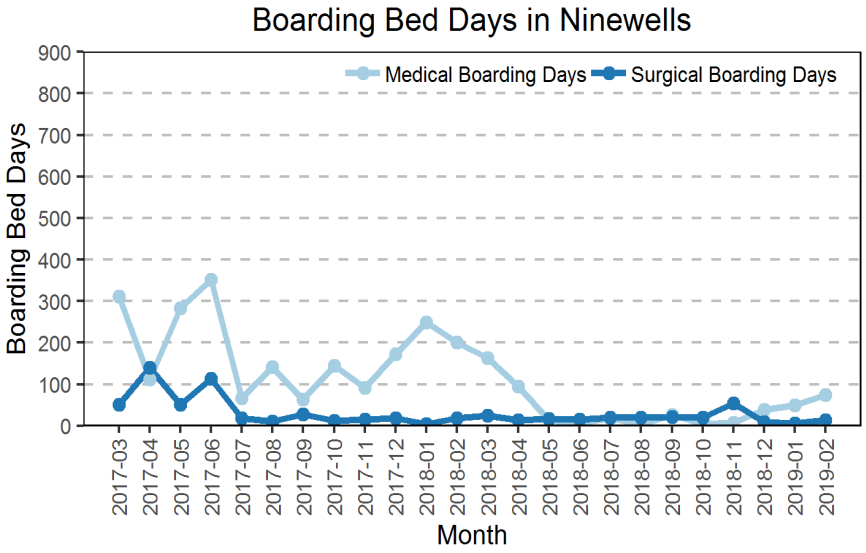
At Ninewells, in the past three months (Dec-Feb 2019) there have been **46** patients who had to wait on a trolley or in a chair compared to **830** patients over the same period in 2018. At PRI, there have been **23** patients who had to wait on a trolley or in a chair compared to **119** patients over the same period in 2018.

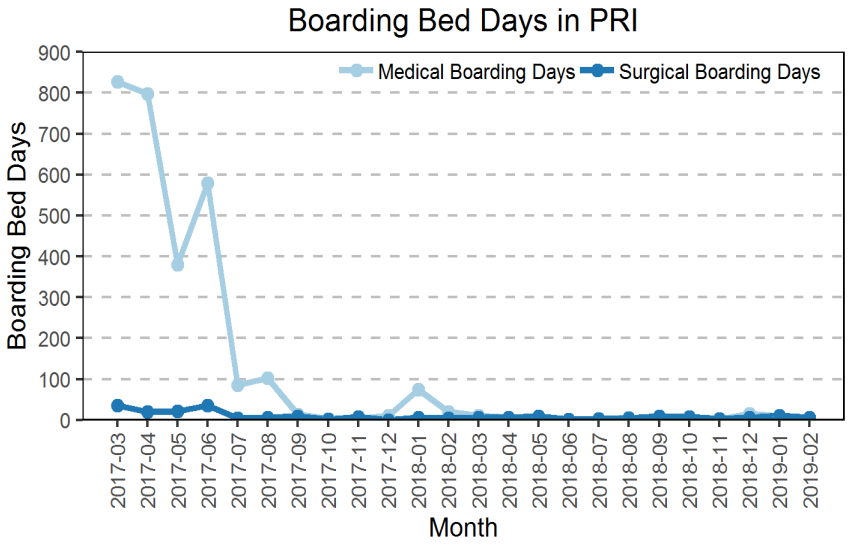




Patients in inappropriate locations – Boarding

Boarding was significantly reduced this winter and we almost entirely stopped boarding outwith Medicine. This was done against the background of a reduction in beds from the footprint over the previous year.

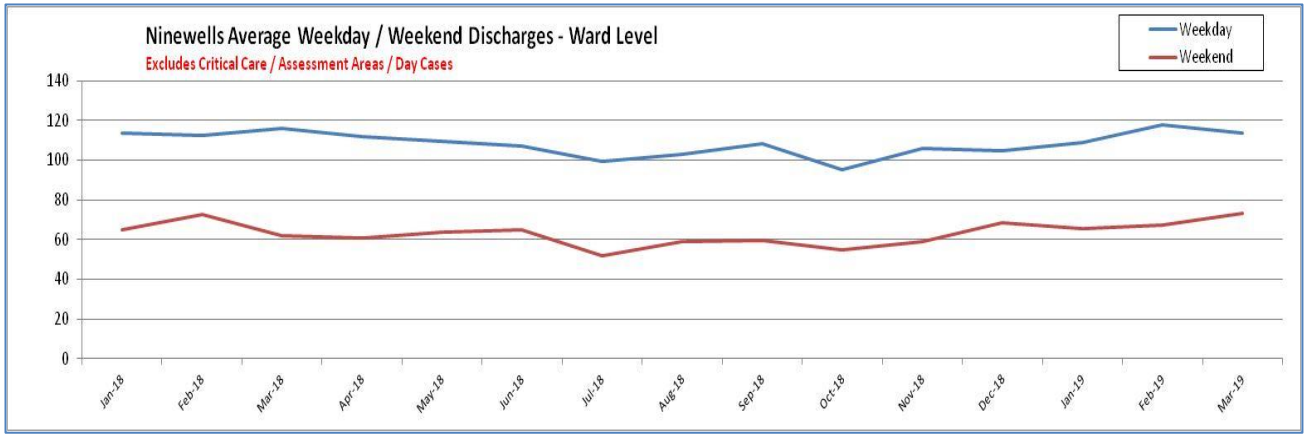




Increase Discharge Rate from Acute Hospital

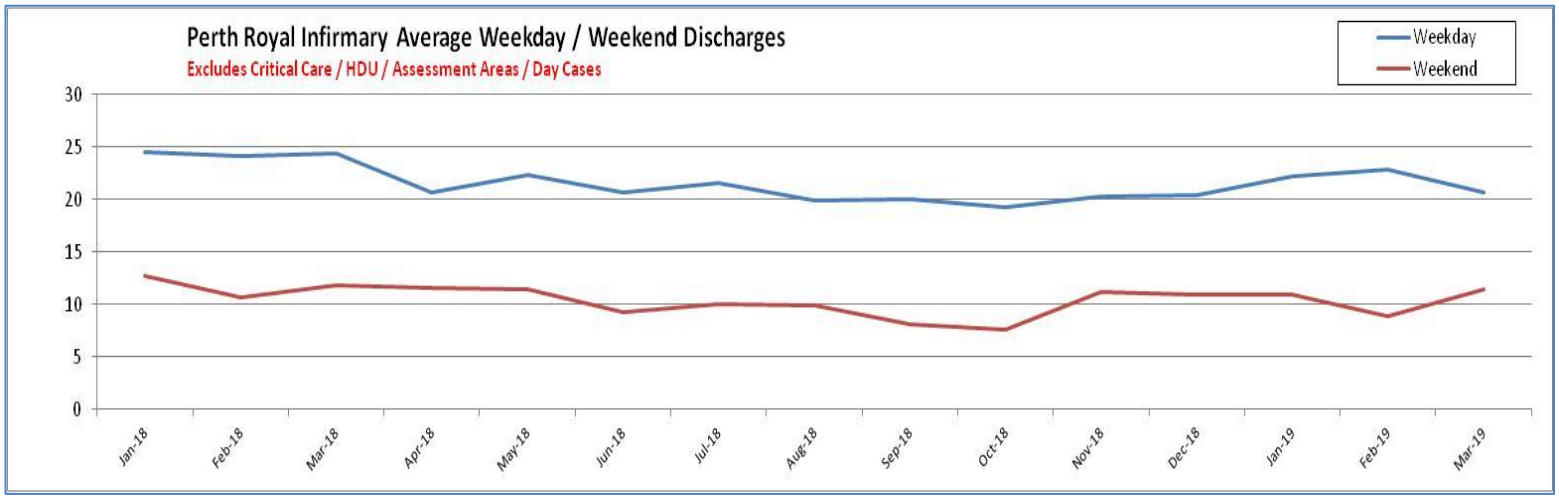
The graphs below show the increase in weekend discharge this winter at Ninewells.

Ninewells



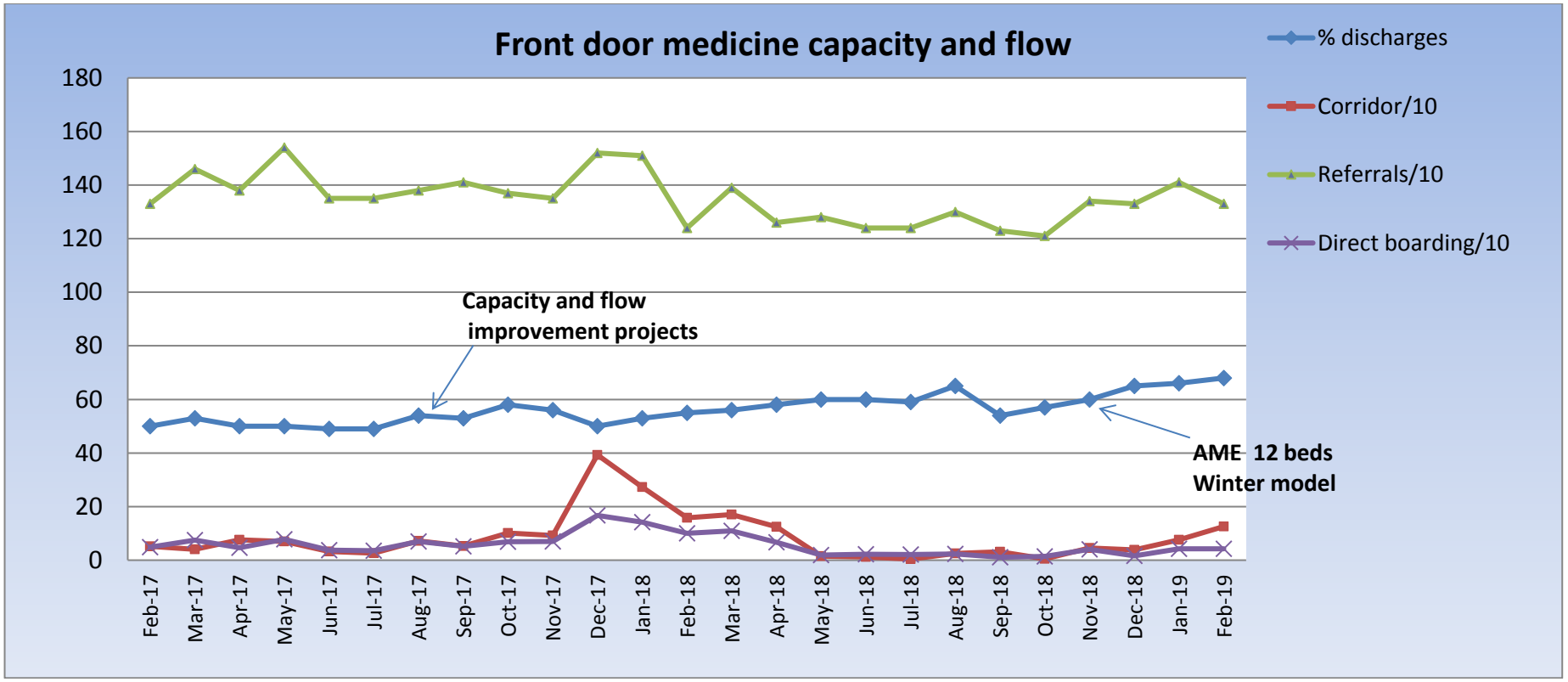
PRI

The weekend discharge rate has not increased at PRI compared to previous winter but has increased when compared to summer 2018. This will be a focus for the unscheduled care board actions for 2019/20.

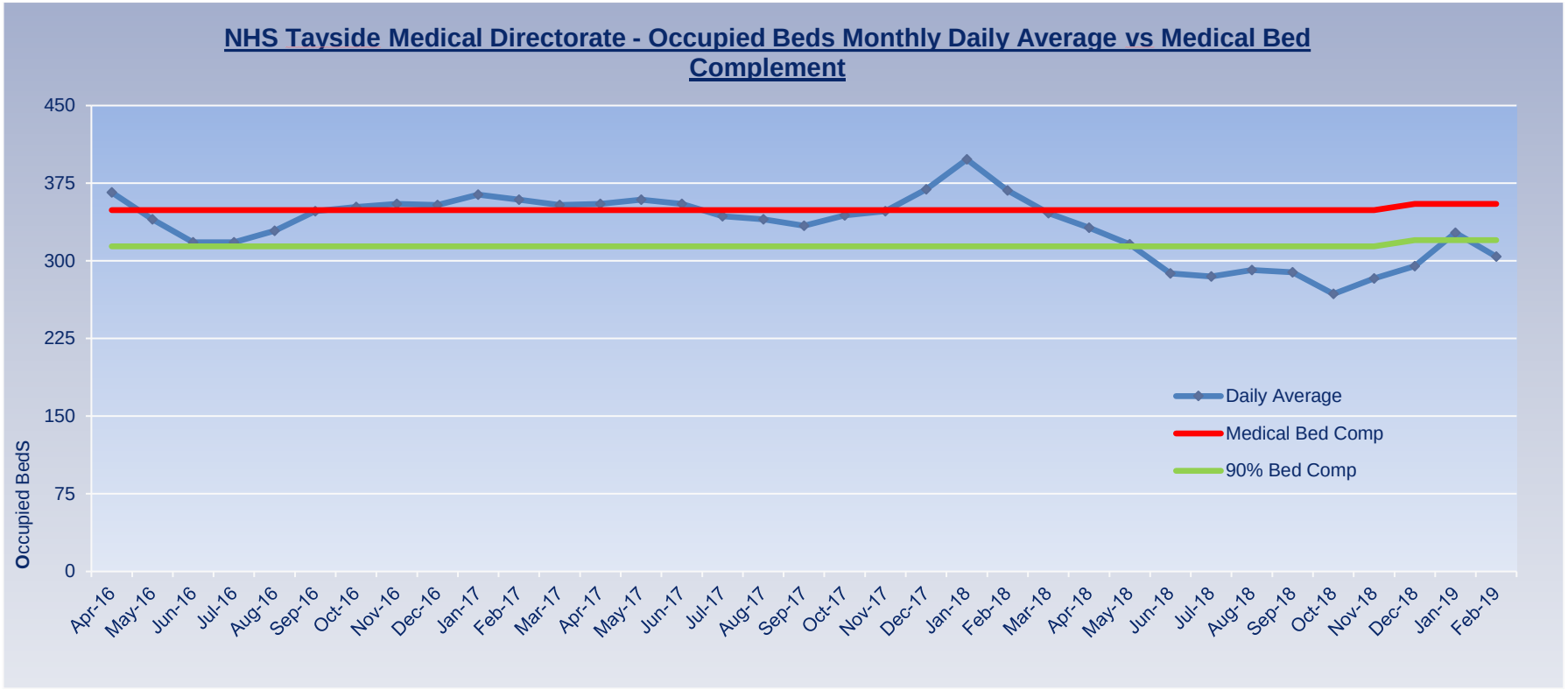


Increase AMU discharge rate > 65% and maintain ward occupancy at below 90%

An example of how flow improvement activities all marginally impact on one measure is shown below. The capacity and flow improvement journey in Ninewells Hospital began in July 2017 and has seen a sustained impact with continued improvement in the direct discharge rate from the Acute Medical Unit. The programme made up of several coordinated projects aimed to increase the discharge rate from 50 to 60% by summer 2018 and therefore by reducing admissions into Ninewells Hospital, reduce downstream ward occupancy to below 90%. The cornerstone of the Winter plan 2018-19 was to increase this discharge rate above 65% to accommodate predicted increase admission numbers (green line below), and this was achieved for the first three months of winter with a discharge rate of 68% in Feb 2019 (blue line below). March data is awaited.



As a consequence of mitigating the predictable increased winter admissions to hospital by matching this with a model that increased Acute Medical Unit discharge rate we can see that Medicine occupancy has increased but remains around the 90% level that the organisation and the Unscheduled Care Board aspire to (blue line). This has been possible through continuous improvement projects. Most Boards in Scotland have winter occupancy in unscheduled care areas of over 100% and last year NHS Tayside peaked at 109% average monthly occupancy in January 2018.


NHS Tayside Medical Directorate - Occupied Beds Monthly Daily Average vs Medical Bed Complement
Occupied BedS
450
375
300
225
150
75
0
Daily Average
Medical Bed Comp
90% Bed Comp
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
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Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
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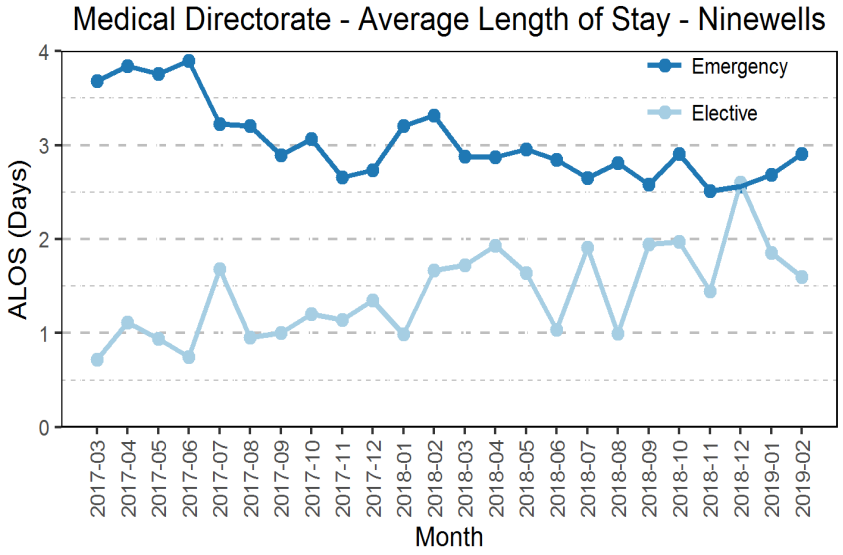
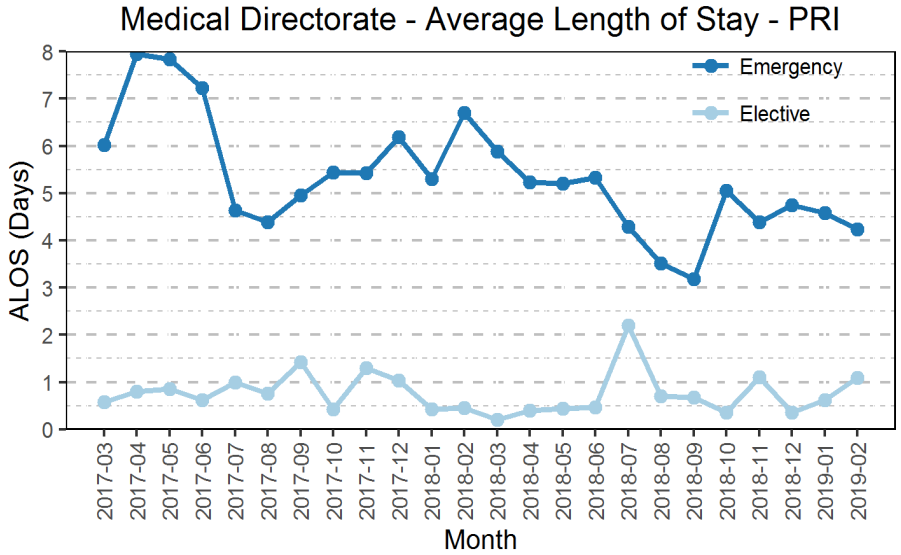
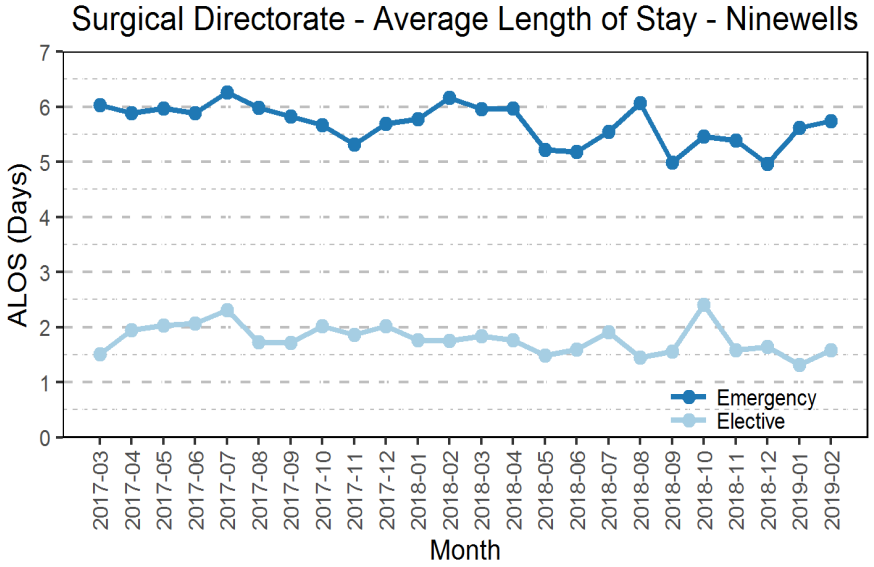
Feb-19

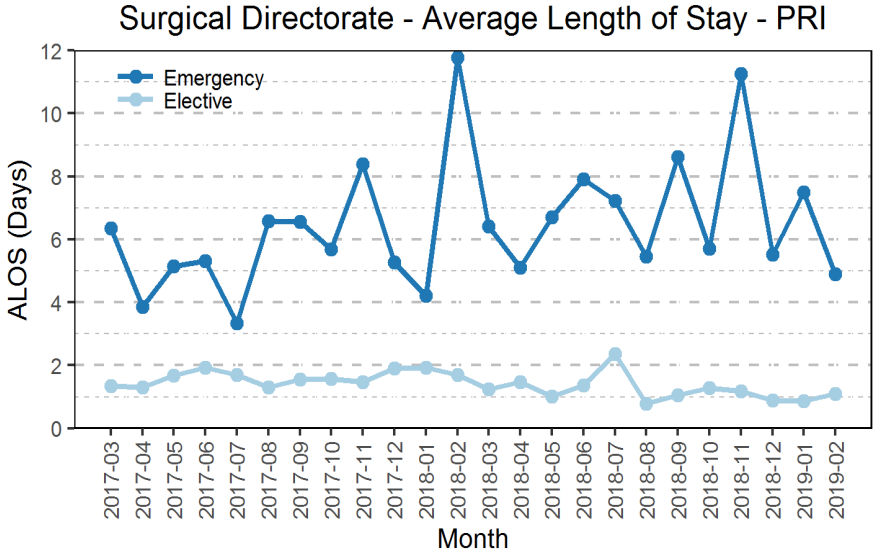
Reduce Length of Stay by this winter compared to last winter

A reduced length of stay in Medicine has been achieved when compared to last winter.









3.2	What could have gone better?

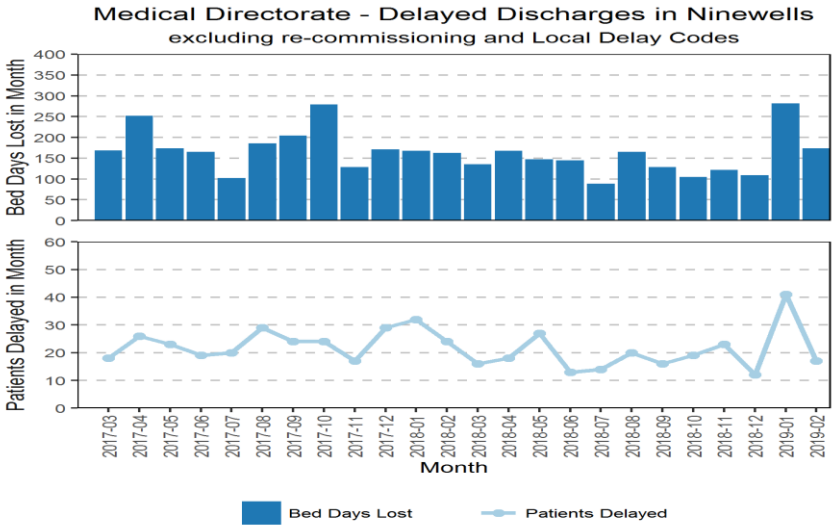
Patients in Inappropriate Locations - Delayed Discharge

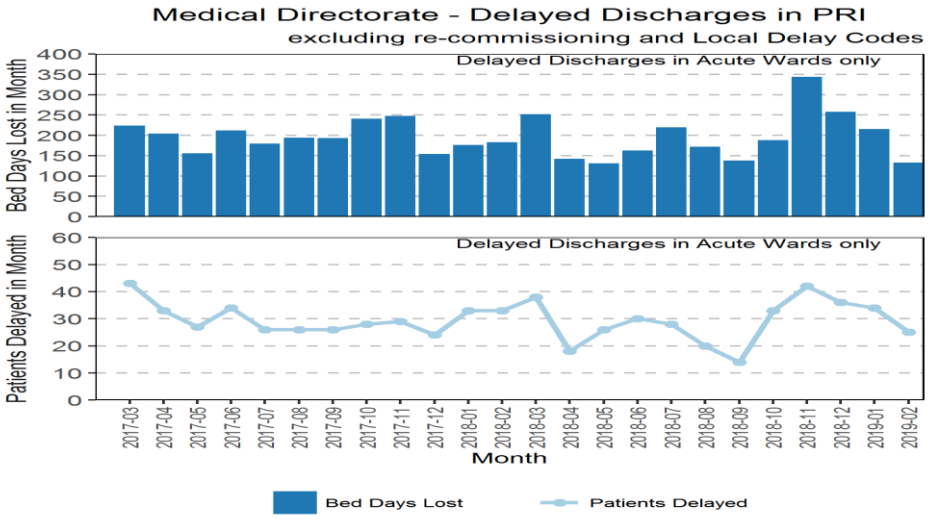
During winter, the number of patients who are Dundee residents who experienced a delay to discharge at Ninewells unfortunately did increase when compared to the trajectory through the summer of 2018 which had been achieved through the Unscheduled Care Board projects including Integrated Discharge Hub. The increased number of delays was not anticipated or flagged up during winter planning and caused a marked disruption. However this was mitigated to some extent through the additional home care funding given to Dundee for short term packages of care. The AME Unit and an improved position in Angus over the winter was supported through regular discharge huddles.

The number of patients delayed in PRI improved throughout winter when compared to the November 2018 position, although this position was challenging to sustain throughout March 2019 with difficulties in maintaining the necessary hours of home care. Given the relatively small size of the unscheduled care inpatient beds, the number of bed days occupied by patients with a delayed discharge significantly impacts on capacity and flow and has resulted in diverts of unscheduled activity to Ninewells Hospital.

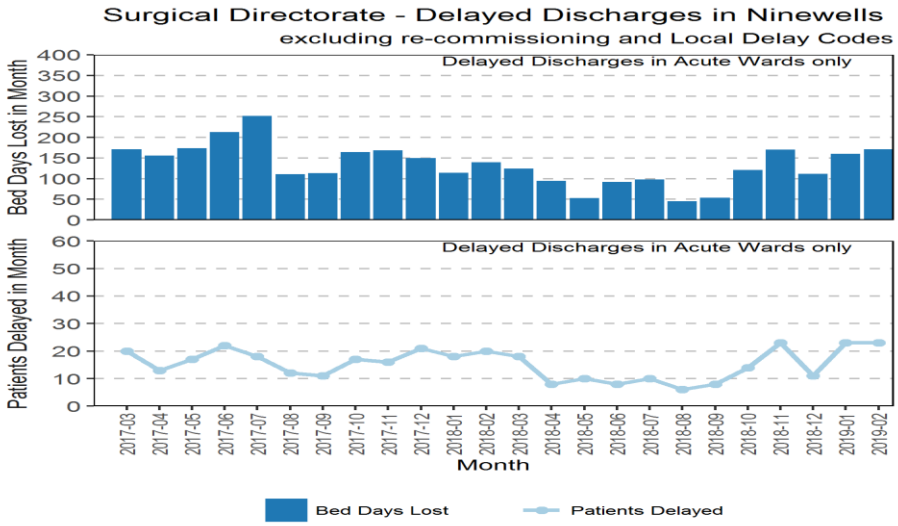
Work will be done for next winter to look at how we can ensure a system wide focus on keeping social care availability over the winter as a key step to keeping people at home as much as possible.

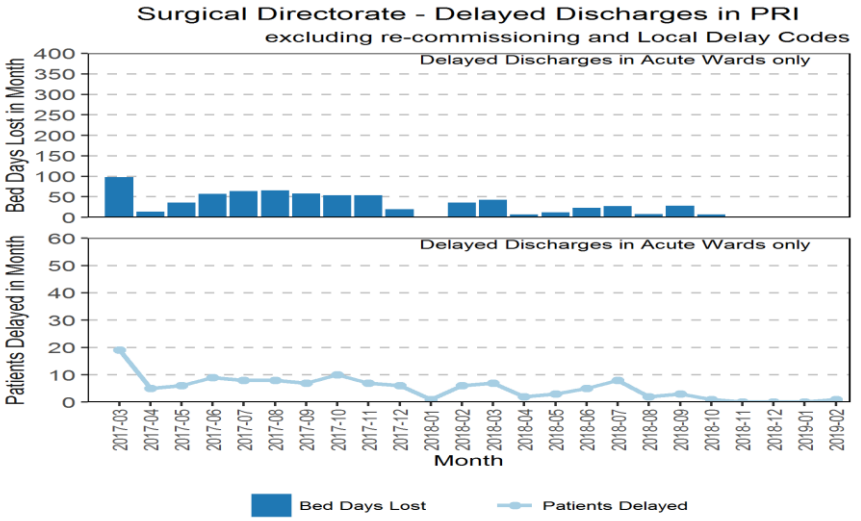
Medical





Surgical


Surgical Directorate - Delayed Discharges in Ninewells
excluding re-commissioning and Local Delay Codes
Delayed Discharges in Acute Wards only
Bed Days Lost in Month
Delayed Discharges in Acute Wards only
Patients Delayed in Month
Month
Bed Days Lost
Patients Delayed


Surgical Directorate - Delayed Discharges in PRI
excluding re-commissioning and Local Delay Codes
Delayed Discharges in Acute Wards only
Bed Days Lost in Month
Delayed Discharges in Acute Wards only
Patients Delayed in Month
Month
Bed Days Lost
Patients Delayed

3.3	Key lessons / Actions planned

- Empowering front line teams to reduce and manage delayed discharges, particular importance of social care and home care to prevent admission and facilitate timely discharges
- Work to ensure a system wide focus on keeping social care availability over the winter as a key step to keeping people at home as much as possible
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.

4 Maximise elective activity over winter – including protecting same day surgery capacity

4.1	What went well?

- Weekly update to all winter team of elective cancellation
- Only 1 patient had their operation cancelled due to winter bed pressures.
- Involving on call surgical and ortho Consultants in decision making during busy weekends: Colleagues felt involved and engaged in decisions
- Use of STAR weeks: these are times of peak demand such as 3 weeks over the Christmas and new year periods where elective work is reduced to maximise the ability to meet increased unscheduled demand. This has greatly reduced cancellations and the disruption and distress that this causes patients and their families.

4.2	What could have gone better?

- Better linkage to planned care.
- Work is ongoing though the major redesign process of “Shaping Surgical Services”

4.3	Key lessons / Actions planned

- Plan to look at flexing elective and unscheduled care over the year.
- Shaping surgical services is a major redesign process across the whole of Tayside
- Increased clinical leadership in programmes to increase clinical staff engagement and increase co-production with management colleagues
- Focus of Unscheduled care board will expand to surgical services over next year.

5 Escalation plans tested with partners

The Whole System Safety and Flow Triggers and Escalation Framework was produced to assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The whole system framework was aimed at improving the management of system-wide escalation, encouraging wider co-operation, and making local and regional oversight more efficient and effective. The framework was designed to bring together the variance in operational escalation systems and protocols across the partner organisations across Tayside to manage local and regional monitoring of operational pressures.

Learning from last winter was that our whole system framework missed opportunities for clear and simple communication of decisions. This year the Winter Plan aimed to address this with simplification and clarity of huddles to allow staff at all levels to deliver consistent and relevant decision making.

Scottish Ambulance Service (SAS) Resilience Planning

As described in the Winter Plan 2018/19, SAS maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)[1] Guidance Document is used for this purpose. The Capacity Management Contingency Plan would be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

No Requirement for REAP to be implemented in Angus Community

Winter Plan 2018/19 Summary of Key Actions for Resilience included:

Adverse Weather

- Transport - procedure review for 4x4 vehicles
- Staff accommodation & catering arrangements
- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships

SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional funding for extra weekend vehicles

System Wide Escalation Framework

- Review, test and implement Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

[1] Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

- Revised timing & frequency of Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems

5.1	What went well?

Throughout this winter the safety and flow framework daily huddles continued over seven days with extensive multiprofessional input in comparison to previous years. This made a significant impact on the ability to make clinically informed decisions to manage care in the right setting and use Tayside wide capacity effectively. In addition, a weekly winter planning huddle was held and, during pressure points, this was stepped up to daily. The whole system ownership of integrated solutions was evident throughout this approach.

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions for resilience performed. Feedback is detailed as follows:

Whole System Escalation Framework & Business Continuity Planning
(Health Social Care & Partner Organisations)

- Actions/Response to local triggers
- Departmental/sector winter action cards
- Pressure period hospital site safety and flow huddle framework in place with multiprofessional participation
- Feedback regular. Responsive in live time
- Knowing where system pressure points are helped manage separate parts of the system as part of the whole system
- Communication plan – local knowledge & use of escalation & response processes
- Winter Plan planning meetings become operationally focused from October
- Whole system Safety and Flow Huddle process in place to be escalated with key partners during pressure periods throughout winter
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plan

Effective Preparation

- Winter planning sessions were held early in the year to plan, agree and implement winter response arrangements
- Move from winter planning group to operational group with weekly ‘huddles’ to ensure winter plans were mobilised
- Clinical Engagement throughout the winter planning process perceived increase in knowledge about whole system contribution

5.2	What could have gone better?

Whole System Escalation Framework

- Unclear expectations, roles and responsibilities, system wide across all 'inform and respond' escalation processes

Resilience Planning

- Dundee Community – Availability of social care at peak of winter – tendering process in December see key lessons
- Out of Hours (OOH) GP Time spent with Death Verification, Assessment roles to be considered,
- Anticipatory Care Planning (ACP) in Out of Hours and weekends, investment required to prevent admissions
- Multiple Huddles with potential to duplicate information communicated requirement to review: Terms of Reference, Functional requirements, Partnership input, operational needs and accountability
- Prioritisation according to needs of population re allocation of social care
- Better communication required in particular to social work regarding capacity risk - balance between needs in the community versus the needs in hospital
- Planning for a crisis to be inevitable within the acute hospital setting – need to shift the culture
- Infrastructure at weekend not optimum - 7 day communication can be improved, service cover dependent on good will
- Sustainability of staffing to respond to system pressure periods

Data

- Data challenges to support the Safety and Flow Huddle Process, systems not supporting the right data at the right time – e.g. Discharge Data on Edison and Trak , require dashboard to give the right information at the right time

5.3	Key lessons / Actions planned

Key lessons learned and implemented for this year with all winter planning calls and huddles using the same huddle/ cross site call telephone number to maximise the ability for staff to join. One key change which is very difficult to measure is staff experience, however, initial feedback is that our staff felt much more involved in the winter plan and this resulted in much better communication. We had many multi agency "huddles" where our senior clinicians, senior health and social care colleagues and executive and managers were able to discuss the picture across the whole landscape over weekends and times of pressure. This allowed much more agile, patient focused decisions to be made and was done with trust and respect. This proved to be highly successful and has been the key to a cultural shift from perceived blame to integrated working across partners.

Summary of key lessons from local review event
Whole System Escalation Framework

- Infrastructure development and investment to support escalation at weekends
- Clear expectation of role and responsibilities as part of the safety and flow huddle process
- Escalation plans reviewed and further developed to ensure clear escalation actions
- Process improvement to capture actions and communicate effectiveness of these actions
- Consider options for communicating e.g. Telephone which be a barrier as well as the call criteria in the event of an escalations

- Divert Protocols have been tested now need to be reviewed
- Response process across system to be formalised

Data

- What data is required to make planning, escalation and management decisions? - Agree data set required to support
- Business Unit support for data dashboard
- Huddle reports review

6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

A Summary of Key Actions for Infection Prevention and Control from the Tayside Winter Plan 2018/19 included:

- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- Infection Prevention and Control Team (IPCT) plans in place now to support the execution of Norovirus Preparedness Plan in advance of season
- IPCT guidance on Staff website and HPS Website
- Awareness and roadshow sessions for winter preparedness
- Prioritisation Flow chart to aid decision making at the 'front door'
- Procurement and adequate resource availability
- Plans to increase staff Flu Vaccination Uptake: Programme - commenced one month earlier this year (September) for staff, peer vaccination programme to increase uptake
- Communication Campaign specific to seasonal illness including Flu
- Near Patient Testing for Flu

Communication Strategy

The NHS Tayside Communications Team had communication plans in place specific to the winter period including seasonal illness including Influenza, influenza like illness and Norovirus as well as adverse weather. The NHS Tayside communication team actively promoted related publicity materials and national campaign assets and shared widely through social media channels. This was targeted at staff, patients and the public alike.

As in previous years, within the Winter Plan of 2018/19 the Communications Team aimed to support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and

social media messages throughout the winter period. Social media was viewed as the best channel for instant updates to information and was used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Strategy involved key actions:

- Communicating Identified pressures and the action needed to maintain Business as Usual
- Communicating a Whole System Approach
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions were at preventing illness and admissions from our population and staff. The following sections detail the feedback given:

6.1	**What went well?**

From the Winter Wash-up Review Session feedback was overall positive in particular around the prevention of illness within our population and staff as well as the winter preparedness and planning.

Winter planning overall felt less reactive, planning in advance, promoting the 'prevent' message.

Summary of Seasonal Influenza/Influenza like illness feedback of what went well:

- Earlier Flu Vaccination Campaign
- Staff Vaccination – 37% last year to 54% this year
- Peer Vaccinations to increase staff uptake of Flu vaccination
- Winter Planning Group Co-ordination of Flu Campaign, reporting to a wider audience
- Point of Care Testing - Increased awareness, knowledge , education amongst staff and patients to prevent admissions
- Angus – Vaccination of 3rd Sector reducing illness
- Myth buster communication re Flu Vac
- Targeted communication about Flu
- Flu internal Campaign more successful contributing to improving vaccination uptake

NoroVirus

- Bed Closures due to Infection - there has also been an improvement with less bed closures as a result of diarrhoea and vomiting (Norovirus) when compared to previous years.

6.2	What could have gone better?

Areas highlighted from the local review that could have gone better included;

Seasonal Influenza/Influenza like Illness

- Point of Care Testing used out with Escalation procedures -'alter prevalence'
- Point of Care Testing not undertaken in Community Hospitals
- Availability of Data re Flu Vaccination uptake in particular to staff numbers etc
- Could have been better awareness of Flu Immunisation Programme in Perth & Kinross
- 'Keep Well in Winter' Campaign could have been better publicised in Primary Care & Communities
- Key messages about Flu Jab needed to promote uptake

Resilience Planning

- Hospital Environment – management of ward environment and side rooms

Communication Campaign

- Availability of data/statistics about where people access information
- More focus on social media access
- Social media algorithms means not everyone sees posts on Facebook for example, consider adverts
- Video to be promoted more as not all aware of video comms
- Posters for wards - Strong messages about ward closures
- Targeted comms to range of age groups e.g. young people
- Email signature to use Smarty Penguin Logo
- How to target people outside social media and press

6.3	Key lessons / Actions planned

Key Lessons learned around preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings include:

Seasonal Influenza/Influenza like Illness

- Focusing on Prevention of illness through Early Communications Campaign to promote Flu Vaccination Uptake
- Continue with Near point testing for Flu with a review of protocol and escalation process
- Continue to support and promote peer vaccinations
- Data availability on winter immunisation uptake, it would be helpful to have live status and regular updates, as well as feedback to services, visual use of uptake
- Consider how to address people's concerns misconceptions about Flu Vac

Service Communications

- Share messages on department social media pages
- Key people list in Partnerships to share messages, consider ways to push through comms to partner organisations
- Ensue a focus on Primary Care as well as acute sites
- Start the Winter Campaign earlier
- Communication Strategy for all year round pressure period planning
- Infection Control to provide info on ward closures for Winter Zone in Staffnet site
- Managers toolkit to share at team meetings
- Make graphics widely available for use by departments
- Information on payslips
- Increase poster use
- Use of information screens in waiting rooms
- Communications - Media Campaign Internal and Public Campaign in the prevention of illness and adverse weather campaigns e.g. Use of 'Smarty' the Penguin to deliver key messages

7 Delivering seasonal flu vaccination to public and staff

7.1 What went well?

Seasonal Influenza/Influenza like Illness

Staff Flu Vaccination uptake has, in the past, been poor with Tayside having one of the lowest levels of uptake across the territorial board in Scotland. A whole system approach was taken this year to engage with staff and also to recruit peer vaccinators which brought us from a level of 18% of staff vaccinated 2 years ago to 54% this year. Thus moving up the attainment across Scotland and we are determined to increase this further in future. This was achieved by engagement across staff in clinical areas with our Public Health and vaccine teams and through a communication campaign.

Near Patient Testing was used for the first time. It is recognised that the rapid diagnosis of flu meant that patients were able to receive appropriate medication within 20 minutes of a swab being taken and many people were able to be discharged home with appropriate medication as we knew that hospital admission would add little to their care.

NHS Tayside Communications

- Information provided quickly, improved sharing of messages
- Good assistance from Comms Team for Infection Control messages

- Felt more joined and connected across Partnership
- Regular info issues to staff
- Use of social media more successful, regular posts and messages to support the winter campaign
- Evening Telegraph series to promote winter campaign

Seasonal Influenza/Influenza like Illness

- Flu internal Campaign more successful contributing to improving vaccination uptake
- Targeted communication about Flu
- Peer Vaccinations communications to improve staff uptake
- Myth buster communication re Flu Vac

7.2	What could have gone better?

Seasonal Influenza/Influenza like Illness

- Key messages about Flu Jab needed to promote uptake

Communication Campaign

- Availability of data/statistics about where people access information
- More focus on social media access
- Social media algorithms means not everyone sees posts on Facebook for example, consider adverts
- Video to be promoted more as not all aware of video comms
- Posters for wards - Strong messages about ward closures
- Targeted comms to range of age groups e.g. young people
- Email signature to use Smarty
- How to target people outside social media and press

7.3	Key lessons / Actions planned

As with the prevention of Illness the delivery of the seasonal flu vaccination to public and staff lessons and actions include:

Seasonal Influenza/Influenza like Illness

- Focus on the prevention of illness through early Communications Campaign to promote Flu Vaccination uptake
- Continue with Near point testing for Flu with a review of protocol and escalation process
- Continue to support and promote peer vaccinations
- Data availability on winter immunisation uptake, live status and regular updates, as well as feedback to services, and to consider the visual use of Flu Vac take
- Consider how to address people's concerns misconceptions about Flu Vac

Communication Campaign

- Provide patient/public education – in advance and during pressure times
- Consider families targeted campaign to avoid visiting the hospital
- More information to public about advantages of care at home – changing expectations

Service Communications

- Continue to share messages on department social media pages
- Key people list in Partnerships to share messages, consider ways to push through comms to partner organisations
- Ensue a focus on Primary Care as well as acute sites
- Start the Winter Campaign earlier
- Communication Strategy for all year round pressure period planning
- Infection Control to provide info on ward closures for Winter Zone in Staffnet site
- Develop a managers toolkit to share at team meetings
- Make info-graphics widely available for use by departments
- Information availability on payslips, posters, waiting rooms

8 Top Five Local Priorities for Winter Planning 2019/20

Our vision for unscheduled care is that people should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than they need to. We have, as integrated partners taken a whole system approach to identify and implement opportunities for alternatives to admission, timely discharge and improved seven-day working this winter which has been effective.

It was recognised that the shared decision making by NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders enhanced how we approached this winter plan. There will be a continued assessment of spending to monitor return on investment with the aim to deliver "business as usual" across the entire year.

The Unscheduled Care Board improvements and winter arrangements have implemented many changes within the medical and community specialities. The unscheduled care action plan for 2019/20 will move forward and extend this into our surgical services and mental health services.

In response to learning from winter, all year unscheduled care planning and ensuring the right level and skills of staff during public holidays and peak leave periods helped increase flow and patient experience. We have already seen staffing plans prepared for the spring holidays and liaison across Primary and Secondary Care for bank holidays to ensure a match between Primary and Secondary Care staff.

To ensure continuous learning and improvement from winter planning, from the “wash up” session held on 25 March 2019. A summary of Key lessons learned that will inform the actions going forward for 2019/20 are:

- Promoting all year round planning with a business as usual approach
- Focusing on prevention of illness through Early Communications Campaign to promote Flu Vaccination Uptake, continue to support and promote Peer Vaccinations
- Communications - media campaign internal and public campaign in the prevention of illness and adverse weather campaigns e.g. Use of ‘Smarty’ the Penguin to deliver key messages
- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- A focus on home care planning at least six months prior to winter is essential. There is limited capacity to increase hours during winter. Next winter we must improve our delayed discharge position significantly to continue to support care in the right setting and an improved patient experience.
- Continuing with the development and investment of the infrastructure to support escalation and early resolution at weekends
- Ensuring clear expectations, roles and responsibilities, system wide across all ‘inform and respond’ escalation processes.
- Empowering front line teams to reduce and manage delayed discharges, particular importance of social care and home care to prevent admission and facilitate timely discharges
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.
- Focus on frailty across all applicable services

Top Five Local Priorities

- Promoting all year round planning with a business as usual
- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- A focus on home care planning at least six months prior to winter is essential. There is limited capacity to increase hours during winter. Next winter we must improve our delayed discharge position significantly to continue to support care in the right setting and an improved patient experience.
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.
- Focus on frailty across all applicable services

ITEM No …19……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 JUNE 2019**

REPORT ON: **ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB32-2019**

1.0 PURPOSE OF REPORT

This annual report is to provide information to the Integration Joint Board regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group (CCPG Group), previously known as R2**,** and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee IJB:

2.1 Notes the content of this report.

2.2 Notes the progress made against the Annual Work Plan as attached at Appendix 1.

2.3 Notes the work undertaken by the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group (R2) from April 2018 – April 2019 to seek assurance regarding matters of Clinical, Care and Professional Governance (Sections 4.2 – 4.5).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1 The purpose of this annual report is to inform the Integration Joint Board of the activities of the CCPG Group. The activities of the CCPG Group are governed by 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. The report covers the period April 2018 to March 2019.

4.2 Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The CCPG Group meets every two months. The members of the CCPG Group consider:

- Service Area Reports/Service Area Updates (reported in Sections 4.3.2 – 4.3.8 of this report).

- The Risk Register (reported in Section 4.4 of this report).
- Outcome of Inspection Reports.
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews.
- Exception reports relevant to the Clinical, Care and Professional Governance Domains as reported in Section 4.5 of this report.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Over the past year the CCPG Group has sought to support the sharing of information across a range of services and to ensure the work of the CCPG Group reflects the broad range of services delegated to the Integration Joint Board. While the breadth of service considerations can be a challenge for CCPG Group members, in that there remains a level of variance in the style and detail of governance reporting across the partnership, the CCPG Group has retained an objective to develop a fuller understanding of each of the services and the associated risks. Each service has now reported through the Governance structure at least once over the past year and work is ongoing to develop a system whereby more regular, comprehensive reporting will be undertaken by all teams throughout each calendar year, making best use of the available time and targeting the analysis at core and service specific data.

4.2.3 Throughout the year, members of the CCPG Group, along with the Chief Social Work Officer, have been invited to attend the Clinical Quality Forum (NHS Tayside) to further develop a sharing of information and scrutiny at a Tayside wide level. Reporting into the Clinical Quality Forum from the Health and Social Care Partnerships has provoked much debate and work continues between the Partnerships and NHS Tayside in reaching agreement for the most suitable and appropriate datasets and report content.

4.2.4 The following table has been formulated to articulate the reporting requirements through each of the governance forums. Clinical, Care and Professional Governance Forum (CCPGF), Clinical, Care and Professional Governance Group (CCPGG) and Clinical Quality Forum (CQF).

4.2.5 The CCPG Group prepares an annual work plan which sets out both the outcomes and actions to be progressed during the reporting year. The progress against the action plan is combined in Appendix 1.

	CCPGF	**CCPGG**	**CQF**
Scorecard	Full	Exceptions (from scorecard	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
DATIX Themes / Action Taken	Full All Reported and Themed	Exceptions (Individual / Themes)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Red Events	All	All	Overview – Themes / Numbers
LAER/OAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational learning Organisational risk
Complaints (and SPSO)	All – Learning shared	Quality report (Sample) Upheld Status Report SPSO + Exception	SPSO Numbers Organisational learning
Risks	All (Detailed in scorecard)	High level report with assurance	Overview Report. Persistent exception

	CCPGF	CCPGG	CQF
		statement. Persistent long term risks. Transient Risks	(Three reports) Exceptions affecting multiple teams. Level of risk (High)
Inspection Reports	Action Plan Produced Per Team (where applicable)	Action Plan Produced Per Team (where applicable)	Overview Statement
Standards / Legislation / Guidelines	New Standards Reported	Agenda items ad hoc	Organisational Impact

4.3 Service Reporting

4.3.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the CCPG Group has prepared a reporting programme which will ensure each service area provides a service governance report. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. Each service was asked to provide an update on the performance and follow up service reports were presented. The following extracts report on the issues raised through a range of services.

4.3.2 Care Homes and Day Centres

The Care Homes and Day Centre Service covers the 4 Partnership owned care homes, Turrif House, Janet Brougham House, Craigie House and Menzieshill House. It also covers Oaklands Day Centre. The service provides support to older people over the age of 65. Oaklands Day Centre is accessed by individuals aged 65 to 104 and is open 7 days per week.

- All direct care staff must be registered with the SSSC and the service outlined governance processes demonstrating how they ensure all staff maintain registration.
- There is a robust training programme in place for staff ensuring suitable levels of knowledge and skills across the service.
- It was explained that the current eligibility criteria for the service was under review with the intention of being able to support younger adults with a diagnosis of dementia. The majority of residents have a diagnosis of dementia or cognitive impairment and this is the primary cause of admission.
- Although no registered nurses are employed directly in the service a collaborative and partnership working arrangement was described between staff and district nurses, care home teams, specialist nurses and community dieticians.

4.3.3 Physiotherapy and Occupational Therapy Services

Over the past two years, the focus has been on establishing a culture of collaboration and the organisational conditions which enables citizens of Dundee to live a healthy and independent fulfilled lives. Physiotherapy and Occupational Therapy Services have been realigned to support integrated working with a locality focus, with integrated senior leadership posts established to enable effective leadership of change and redesign. The services provide assessment, diagnosis and rehabilitation across in-patient, out-patient and community settings and work across a wide range of pathways supporting person centred care. The next steps for these services will be:

- Further implement integration of Physiotherapy and Occupational Therapy services within both in-patient and community settings with a strong focus on person centred care.
- Tests of change are being undertaken in A&E to improve patient pathways, supporting moving patients to the right place at the right time.
- To develop new approaches to working with the Third Sector and other partners.
- The commencement of a Major Trauma Centre based at Ninewells Hospital has supported role development and resource allocation across the Allied Health Professional Services.

- The Primary Care Improvement Plan has led to the development of a First Contact Physiotherapy Service with Physiotherapists seeing patients in place of a GP for musculoskeletal conditions. This three year project is in the early stages and will see two clusters supported by the end of 2019-2020.
- Implementing outcomes of a review of Tayside Medical Advisory Services and Manual Handling Services.
- Reviewing learning and recommendations from the national research and benchmarking to inform continuous improvement of the services.
- Building workforce capacity by completing a 5 year integrated workforce plan by April 2020 which sets out workforce projections, workforce development and skills mix needed to deliver integrated health, social care and third sector services.
- Continuing to focus on improving outcomes, choices and experiences by further embedding the lead professional working with risk model, self-directed support and personalisation.
- Further developing support to Carers and family members through partnerships with third sector services.

4.3.4 Mental Health Services

A presentation was given focussing on the Community Mental Health Services looking at strengths and weaknesses of both the scheduled and unscheduled aspects of care with key themes identified:

- Significant work is underway with improvement intiatives and a full time improvement advisor has been appointed to support and progress this crucial work.
- There is focus on improved services around prevention and early intervention.
- A newsletter has been developed aiding enhanced comnuication across the service.
- Work is underway ensuring the right support is provided at the right time and reducing delays in the system.
- The interface between mental health and substance misuse services is being reviewed to ensure a more connected, streamlined approach to care.
- The number of Psychiatrists within the Community Mental Health service continues to run well below required levels. The appointment of agency staff have supported the management of this risk, however, it is not tenable to sustainably manage this risk over the long term.
- The absence of a medical management structure for Dundee Psychiatrists is a particular challenge in terms of implementing short term risk management measures. Medium term measures being progressed include a redesign of services, incorporating a job planning process for Psychiatrists.

4.3.5 Integrated Substance Misuse Service (ISMS)

Despite ongoing challenges there has been a significant amount of work on service improvement and addressing matters of clinical, care and professional governance. However, there still remains a significant risk in terms of service delivery. The current key risks, and actions to address, which have been recorded on Datix include:

- There is increasing patient demand which includes insufficiency of current staffing levels to meet new and existing demand, rising unallocated cases and limited flow from the service. The appointment of agency and temporary staff and the implementation of an escalation plan have supported the interim management of this risk. However, this is not a sustainable way to manage this risk over the long term and further options are being considered.

- There are insufficient numbers of ISMS staff with current prescribing competencies, inclusive of nursing and medical staff. Funding for six nursing posts which will include a non-medical prescribing role has been approved to support this. Recruitment to these posts was challenging and due to this trainee posts were established and recruited to develop capacity in relation to nursing posts which will include a non-medical prescribing role within the service.
- The ability to monitor protection concerns is reduced as the team are not able to review patients as regularly as they would with a full staffing establishment. Attendance at Case Conferences is prioritized where possible and short notice attendance/report requests will be provided verbally. Locality Integrated Managers with responsibility for substance misuse will continue to promote joint working across the Health and Social Care Partnership and Children & Families Services to agree actions and approaches which support protection of children and families.
- There are concerns about the service ability to adhere to the timescales within the Adverse Event management policy due to the high volume of incidents and the reduced number of clinical staff. We have taken pragmatic approaches to thematic reviews and sought assistance from the Clinical Governance Team to progress the completion of Adverse Event Management processes.
- As a result of a range of both internal and external pressures, staff morale is currently low and Occupational Health and the Wellbeing Service are being used to support staff though this challenging time.

4.3.6 Centre for Brain Injury Rehabilitation (CBIR)

The CBIR unit is a 16 bed unit within Royal Victoria Hospital. The Tayside wide remit is to provide specialist in-patient individualised goal orientated rehabilitation programmes for patients with an acquired brain injury.

- The service has developed to support major trauma rehabilitation following the opening of the Major Trauma Centre based at Ninewells Hospital.
- Multidisciplinary working is a key component of the service and the team are proud to have been nominated for a STAR award and were shortlisted to the final 6 in the innovation in practice category.
- Data was presented on the clinical and cost effective nature of this rehabilitation with the UK Rehabilitation Outcomes Collaborative publishing figures suggesting a lifetime saving to the public purse of £1.25M per case.

4.3.7 Community Nursing

The Core District Nursing Service covers all Dundee GP practices as well as Muirhead/Invergowrie from 08.00 hrs to 16.30 hrs with separate evening and overnight nursing teams who operate between 16.30 hrs and 08.00 hrs. Each team is led by a trained District Nurse. The team are supported by community staff nurses and health care assistants. The Core District Nursing service assess, plan, deliver and evaluate safe, effective patient centred care to adults and older people within their own home environment across Dundee and the surrounding locality.

- A key area for development in the Community Nursing team centres around the Enhanced Community Support Team where the team provide a holistic advanced assessment with a strong emphasis on prevention or hospital admission.

4.3.8 Psychiatry of Old Age (Community Service)

The Psychiatry of Old Age Service comprises 2 Community Mental Health Teams, a Care Home team and a Post Diagnostic Support Team. Each of the teams are integrated teams and they provided an overview of the governance systems in place across the service, which included:

- A robust registration and revalidation process for professional staff.
- A comprehensive database for mandatory training.

- A positive approach to staff development and staff wellbeing through application of iMatter, appraisal systems and human resources policy implementation.
- Very low numbers of complaints and adverse events across the service (2 complaints in a year) with learning identified with records storage improved.
- Post Diagnostic Team worked with Alzheimer's Scotland and Dundee Carer's Centre to develop support groups for specific cultural groups.
- Compliance with post diagnostic support standard at 100% for past 3 years (previously 87%), which is recognised nationally.
- IT was highlighted as a risk as the team operated on two separate IT systems, which makes co-working and information sharing difficult.

4.3.9 Nutrition and Dietetics

The Nutrition and Dietetic Service is hosted in Dundee HSCP and deliver a Tayside wide service across in-patients, out-patients and community environments. Dieticians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level.

A presentation on the population approach to nutrition was provided.

- The service has embraced the use of technology in delivering care and gave examples of using Florence within the renal service.
- The service provided information detailing a successful increase in outcomes for record keeping audits following the development of new documentation across the service.
- The Weight Management Service provided excellent patient feedback information detailing the key factors of their learning and experience in the service.
- Partnership working was demonstrated via the Community Cookit Service which aims to train individuals who do not have formal qualification in nutrition but have an interest as well as knowledge and experience of working in the community.
- Staffing vacancies was highlighted as a risk across several areas within the service. While most areas were able to work flexibly to provide cover over the short term the Paediatric Team had a sustained period of reduced staffing which led to the implementation of a modified service model on a temporary basis. Staffing levels have now improved within the Paediatric Team.

4.4 Risk Register

4.4.1 Risks are identified by Service Managers, and recorded on DATIX (patient safety reporting system), these are actively monitored at the CCPG Group. The CCPG Group members ensure that actions are in place to mitigate these risks. The CCPG Group members have asked that these risks be reviewed to ensure actions are specific, measurable, achievable, realistic and time-related (SMART) and that actions are completed.

4.4.2 The following risks were added to the service risk register on DATIX during the last year:

- Telephony Issues across the Royal Victoria Hospital site (3 risks within 3 clinical areas – Centre for Brain Injury Rehabilitation, Medicine for the Elderly, Specialist Palliative Care Service)
- Insufficient numbers of staff with prescribing competencies within the Integrated Substance Misuse Service.
- Adoption of new texture descriptors for dysphagia diets.
- Lack of available clinical support to nursing staff in Sexual and Reproductive Health Service, (now archived)

A number of risks continue to be actively managed and remain on the risk register on DATIX including:

- Challenges in recruiting staff.
- Access to services.
- Budget restriction (Drugs).
- Interconnectivity of IT systems.

- Potential impact of GP Contract on service areas.
- Potential new cost pressures and / or loss of services.
- Child Protection Monitoring (Integrated Substance Misuse Service)
- Adherence to Adverse Event Management Policy due to volume and capacity (Integrated Substance Misuse Service)

4.5 Governance Domains

4.5.1 There are six governance domains that form the basis and structure for the Clinical, Care and Governance Framework. Feedback against these domains is provided at each CCPG Group meeting and the feedback over this year has included:

4.5.2 Information Governance

- Joint Information Technology (IT) information sharing across the Health & Social Care Partnership has been discussed to support integrated and efficient services. Further work is required, at National Level, to support enhanced information sharing within the Partnership. This is an ongoing concern with slow progress being made.
- Work was presented on a refreshed dataset which is to be reported through the Clinical, Care and Professional Governance Forum. This dataset captures key information under each of the six domains in the Governance Framework. It was identified that further work is still required with the dataset to ensure all functions across the Partnership are captured and reflected.
- A General Data Protection Regulation Breach Report is produced for the committee to review. A number of issues have been highlighted in terms of accurate recording, notification of information governance teams and actions taken (and recorded) to mitigate risks of further breaches. Training is in place for staff across the Partnership for GDPR.
- The council have revisited and strengthened the policy for covert monitoring in relation to social media. A system has been developed for approval of covert surveillance with training in place for staff.
- The transition between systems monitoring delayed discharges led to the inability to produce accurate, real time data. Key staff have worked closely with the E-Health Team to move towards a resolution. Processes are in place to ensure accurate data and work is ongoing further streamline this process.

4.5.3 Professional Regulation and Workforce Development

- There have been significant delays in the recruitment process for a number of posts across the Partnership. A review of processes within the Partnership and alongside the NHS and Local Authority has helped to address this. The situation continues to be monitored.
- It was highlighted that assurance across the Partnership for all teams mandatory training could not be adequately provided. A short life working group has been established to review mandatory training requirements and reporting processes.
- The Dundee Health & Social Care Partnership Joint Induction Programme has been designed and delivered for new staff to the Partnership. This process is being evaluated after each session and will continue to evolve to ensure effectiveness and suitability.
- The CCPG Group heard an update on the Safe Staffing Bill and supported the Partnership to provide a response to the National Consultation. This Bill has now been passed into legislation and the committee will continue to monitor this.
- The Group were advised that the NMC have reviewed and published new standards of proficiency for registered nurses representing the skills, knowledge and attributes that all students and nurses should demonstrate. Scottish Universities and Health Boards will work together to have the new standards embedded by 2021.

4.5.4 Patient, Service User, Carer and Staff Safety

- One of the external registered care homes has gone through a Large Scale Investigation process. A detailed action plan is being worked through and Human Resources

procedures have now been concluded. At the time of writing the Care Inspectorate and the Police had indicated that they were assured about the progress being made.

- Raised levels of legionella were discovered in one of our care facilities through routine testing. The facility was closed to ensure health and safety of residents and staff. The facility has since reopened and a new flushing regime has been implemented with an increased level of inspection and testing.
- A proposal was discussed in relation to non medical prescribing for nurses in care homes. A number of factors in relation to finance, supervision and training were discussed and the Angus and Dundee Partnerships are considering a test of change to examine this new model of care.
- There are eleven outstanding red adverse events from 2017 (reduced from 67) awaiting a Local Adverse Event Review. One of these was reported in July 2018, seven of these are within Community Mental Health services and therefore being reviewed regularly under their new adverse events management process. Four of these (including the one reported in 2018) are in the Integrated Substance Misuse Service. There are 38 red adverse events outstanding from 2018, while this shows a significant improvement on figures considered one year ago, there remains room for improvement. A new staff training programme will increase the number of staff able to complete the reviews.
- There was a review in the process for managing adverse events in the mental health service (Out-Patients) with each Partnership area managing their own local events. This had previously been managed Tayside wide. This has been implemented with the service reporting improved management of reviews within the service.
- A new Pressure Ulcer Policy was developed and implemented across the Partnership.

4.5.5 Patient, Service User, Carer and Staff Experience

- iMatter has been rolled out to all staff across the Partnership. Uptake has been positive and teams are working locally to develop and implement action plans based on their own local survey results.
- A complaint was investigated via the SPSO and they reported that enhanced levels of support should have been provided to the client by a registered professional around the decisions that were taken. Guidance has been produced, by the Partnership, for both the public and professionals to mitigate against further incidents of this nature.
- It was noted that there remain challenges in meeting the timescales for complaint responses due to the high volume in one area of some staffing changes will support this going forward.
- Duty of Candour came into effect on 1st April 2018. Training and education and raising awareness has been undertaken across the Partnership. Duty of Candour is recorded on Mosaic for Dundee City Council and through the DATIX system for Health. There have been no significant issues in relation to duty of candour.

4.5.6 Quality and Effectiveness of Care

- The CCPG Group noted the contents of the Mackinnon Centre report which scored two 6's which is regarded as an excellent standard. There are no requirements or recommendations from the report.
- The CCPG Group noted the contents of the Turrif House report which scored two 5's which is a very good standard. There was one recomendation in relation to a consistent approach in dealing with stress and distress due to anxiety and pain.

4.5.7 Equality and Social Justice

- The principles of equality and social justice were demonstrated in a YouTube video that has been developed through the Allied Health Professions Governance Process to support staffs understanding of issues relating to equality and social justice.

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5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Established clinical, care & professional governance Groups in place. - Reporting arrangements agreed.
Residual Risk Level	Likelihood 3 x Impact 3 = 9 – High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Lead Allied Health Professional, Lead Nurse, the Professional Advisers to the IJB and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 18 June 2019

David Shaw, Clinical Director
Matthew Kendall, Lead AHP
Diane McCulloch, Head of Service

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP ANNUAL WORKPLAN 2018/2019

Outcome	Action	Update
All DH&SCP to provide an annual Service Report setting out service CC&P Gov. performance and achievements.	Confirm services to report to the CC&PG Group. Agree and issue reporting schedule. Finalise standard reporting template. Agree follow up actions with service leads.	Complete Complete Ongoing. Full review of scorecard and reporting underway.
Develop a reporting Schedule for planned reports	Map core reports to be considered by the CC&P Gov Group and develop a planned reporting arrangements	Complete for operational services within DHSCP. Further work required to ensure hosted services across all three Partnerships are reporting effectively across Tayside.
Develop and operational CC&P Gov framework which embeds CC&P Gov scrutiny at an operational level	Agree a partnership wide approach to primary CC&P Governance scrutiny Review the form and function of the DH&SCP Clinical Care Governance Forum to better represent the full partnership.	Session arranged for June 2019 to finalise option appraisal to support this.
Receive, scrutinise and monitor the DH&SCP CC&P Gov core data set for all services and associated action plans.	Agree a partnership core data set and reporting framework Seek confirmation of actions in relation to any exception reporting.	Core data has been developed and is provided through the CQF. However further work is being undertaken reviewing the CCPG Framework and this will further inform the reporting requirements. Exception reporting table produced to support appropriate reporting at different CCPG forums.
Receive, scrutinise and monitor operational service	Agree framework for recording and reporting operational risks	Not agreed. 2 systems in place.

Outcome	Action	Update
risks which impact on CC&P Gov implementation and performance	Monitor operational service risks alongside service reports.	Risks are monitored at each CCPGG Meeting.
Receive, scrutinise and monitor customer care reports.	Agree the framework for reporting on customer complaints, concerns and compliments in a single partnership report. Agree the reporting framework including updates on any actions arising from the outcomes of investigations Consider any customer feedback survey results and associated action plans Consider any Ombudsman reports Sign off the annual complaints report	Progressing. There is not a single reporting system across the Partnership, however, a collective report is produced. Ombudsmen reports are routinely reviewed and discussed through the CCPG Forum.
Receive, scrutinise and monitor information relating to significant incidents; LEARS/SCEA/Significant Case Reviews/Significant Incidents as these apply to CC&P Gov matters	Review and agree the partnership operational framework/processes for consideration and learning from LEARS/SCEA/SCR/SI Receive summary reports of the outcomes and learning points from SCEA's/LEARS/SCR/SI and seek any further actions Receive update reports of progression of actions arising from LEARS/SCEA/SCR/SI	Reviews are considered at service level and reported through CCPGF. There is escalation of these to the CCPGG when necessary. Further work required on updating of actions.
Consider any other external inspection reports or public body national thematic reports which highlight matters of Clinical, Care and Professional Governance	Receive and consider any external inspection reports or national body thematic reports which highlight matters of clinical, care and professional governance. This should include: • External inspections of DH&SCP directly delivered services • External inspections of services delivered on behalf of the partnership • National reports which contain learning for the partnership	Ongoing
Receive, scrutinise and monitor information relating to registered services directly delivered and commissioned by the DH&SCP	Receive and scrutinise Care Inspectorate reports for registered services directly provided through the partnership Receive and comment on the annual report of registered services which also includes services commissioned through partnership • Registered Residential Care Services • Registered non-residential care services	Ongoing

Outcome	Action	Update
	Receive and scrutinise exception reports regarding registered services not directly delivered by DH&SCP	
Receive, scrutinise and monitor exception reports for non-registered services commissioned by or associated with the DH&SCP where it is considered that incidents impact on the Clinical, Care and Professional Governance matters of interest to the partnership	Receive appropriate reports for consideration, learning and appropriate action.	Services reviewed
Agree implementation plans for new policy and legislative matters as these relate to CC&P Governance matters	Monitor implementation of current policy and legislative initiatives during year 1 of implementation: • Duty of Candour • GPDR • Health and Social Care Standards Approve implementation plan for new policy and legislative initiatives which impact on matters of clinical, care and professional governance and monitor these.	Duty of Candour and GDPR – Awareness raising and training have been provided in relation to these. Both are reported through Health or Local Authority systems with reports presented through CCPGG. Further work is required around the Health and Social Care Standards.
Forward report to the Performance and Audit Committee any performance exceptions and forward report to the Integrated Joint Board any matters of significant concern	Agree the exception reporting at each meeting Agree exception reporting at each meeting (and outwith meeting if required)	Exceptions reports produced for PAC
Complete actions included within the Internal Audit of the Inspection of Clinical, care and	Implement actions Contribute to the progress report	Complete for actions aligned to the CCPG Group

Outcome	Action	Update
Professional Governance procedures.		
Agree cross Tayside reporting arrangements	Agree core Tayside data set for submission to Tayside-wide forums Agree relationship between Mental Health CC&P Gov. Groups and the DH&SCP CC&P Gov. Group Agree reporting arrangements for hosted services across Tayside H&SCP's	Agreed through CQF – although being reviewed within review of Framework. Mental Health Group has been disbanded with this work now sitting within the local governance structures. Not completed.
Provide regular information to the Clinical Quality Forum	Agree core data set and reporting arrangements Provide relevant information Agree attendance and deputy arrangements	Complete.
Prepare Annual Clinical, Care and Professional Governance Assurance Report	Provide annual assurance report (2018/19) to the Integrated Joint Board and Clinical Quality Forum by July 2019	Complete.

ITEM No …19……..

DIJB37-2019

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2019 TO DECEMBER 2019

Organisation	Member	Meeting Dates January 2019 to December 2019						
		26/2	29/3	23/4	25/6	27/8	29/10	17/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	√	√	√				
Dundee City Council (Elected Member)	Cllr Roisin Smith	√	√	√				
Dundee City Council (Elected Member)	Bailie Helen Wright	√	√	√				
NHS Tayside (Non Executive Member)	Trudy McLeay	√	√	√				
NHS Tayside (Non Executive Member)	Jenny Alexander	A	√	A				
NHS Tayside (Non Executive Member)	Dr Norman Pratt	√	√					
NHS Tayside (Non Executive Member)	Professor Nic Beech			A				
Dundee City Council (Chief Social Work Officer)	Jane Martin	√	√	√				
Chief Officer	David W Lynch	√	√	√				
Chief Finance Officer	Dave Berry	√	√	√				
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr Frank Weber	A	A	A				
NHS Tayside (Registered Nurse)	Sarah Dickie	√	√	A				
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Cesar Rodriguez	√	√					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton			A				
Trade Union Representative	Jim McFarlane	√	A	√				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	√	√	√				
Voluntary Sector Representative	Christine Lowden	√	√	√				
Service User Representative	Linda Gray	√	√	√				
Carer Representative	Martyn Sloan	√	√	√				
NHS Tayside (Director of Public Health)	Dr Drew Walker	√	A	√				

✓ Attended
A Submitted Apologies
A/S Submitted Apologies and was Substituted
☐ No Longer a Member and has been replaced / Was not a Member at the Time